

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Global Benefits Group, Inc.

2. All other names debtor used in the last 8 years
Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 20-3842750

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	902 Carnegie Center Drive Suite 100 Princeton, NJ 08540 Number, Street, City, State & ZIP Code	P.O. Box, Number, Street, City, State & ZIP Code
	Mercer County	Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.gbg.com

6. Type of debtor
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify:

Debtor Global Benefits Group, Inc.
Name

Case number (if known) _____

7. Describe debtor's business

A. *Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

Debtor Global Benefits Group, Inc.
Name

Case number (if known) _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☐ No ☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor See Attachment

District _____

When _____

Relationship _____

Case number, if known _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☒ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☒ \$1,000,001 - \$10 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

Debtor Global Benefits Group, Inc.
Name

Case number (if known) _____

☐ \$100,001 - \$500,000
☐ \$500,001 - \$1 million☐ \$10,000,001 - \$50 million
☐ \$50,000,001 - \$100 million
☐ \$100,000,001 - \$500 million☐ \$10,000,000,001 - \$50 billion
☐ More than \$50 billion

Debtor Global Benefits Group, Inc.
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 18, 2024
MM / DD / YYYY

X /s/ Howard Ehrlich
Signature of authorized representative of debtor

Title Authorized Officer

Howard Ehrlich
Printed name

18. Signature of attorney

X /s/ S. Jason Teele
Signature of attorney for debtor

Date June 18, 2024
MM / DD / YYYY

S. Jason Teele 014012001
Printed name

Sills Cummis & Gross P.C.
Firm name

One Riverfront Plaza
Newark, NJ 07102
Number, Street, City, State & ZIP Code

Contact phone (973) 643-4779 Email address steele@sillscummis.com

014012001 NJ
Bar number and State

Debtor Global Benefits Group, Inc. Case number (if known) _____
Name

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY

Case number (if known) _____ Chapter 11

☐ Check if this an amended filing

FORM 201. VOLUNTARY PETITION

Pending Bankruptcy Cases Attachment

Debtor	<u>GBG Holding Incorporated</u>	Relationship to you	_____
District	<u>D.N.J.</u>	When	_____
Debtor	<u>International Claims Services, Inc.</u>	Relationship to you	_____
District	<u>D.N.J.</u>	When	_____
		Case number, if known	_____

**WRITTEN CONSENT IN LIEU OF MEETING OF THE BOARD OF DIRECTORS OF
GLOBAL BENEFITS GROUP, INC.**

The undersigned, being all of the directors of the Board of Directors (the “Board”) of Global Benefits Group, Inc., a Delaware corporation (the “Corporation” hereby consents to the following actions and adopts the following resolutions as of June 13, 2024:

WHEREAS, the Company, operating in conjunction with its affiliates and subsidiaries, is a leading global insurance service company servicing health, life, disability, and travel insurance for a client base that spans multinational corporations, expatriates, international students, high net-worth individuals, international schools, and non-profit organizations;

WHEREAS, the Board has reviewed and considered the liabilities and liquidity of the Company, the strategic alternatives available to it, the valuation of the Company and its affiliates, and the impact of the foregoing on the Company’s business;

WHEREAS, the Board has had the opportunity to consult with the management and the financial and legal advisors to the Company and fully consider each of the strategic alternatives available to the Company; and

WHEREAS, the Board deems it advisable and in the best interest of the Company and its creditors, interest holders, and other parties in interest, to consent to and adopt, in the name and on behalf of the Company, the resolutions set forth below.

NOW, THEREFORE, BE IT:

RESOLVED, that Howard Ehrlich and any officers of the Company so designated by Howard Ehrlich, acting alone or with one or more other officers of the Company (individually, each an “Authorized Officer” and collectively, the “Authorized Officers”), are hereby authorized and empowered, in the name and on behalf of the Company, with the assistance of the Company’s counsel, accountants and advisers, to (i) prepare, execute and file with the appropriate court a petition under chapter 11 of title 11 of the United States Code (the “Bankruptcy Code”); and (ii) take such other and further actions and steps as the Authorized Officers may deem necessary, appropriate or advisable to obtain for the Company any and all relief to which they are or may be entitled under chapter 11 of the Bankruptcy Code; and be it further

RESOLVED, that the Authorized Officers are, and any one of them acting alone is, hereby authorized to execute and file on behalf of the Company all petitions, schedules, lists, and other motions, papers, or documents, and to take any and all actions that they deem necessary or proper to obtain relief under the Bankruptcy Code, including, without limitation, any action necessary to maintain the ordinary course operation of the Company’s business; and be it further

RESOLVED, that the Authorized Officers are, and any one of them acting alone is, hereby authorized and directed to retain and employ, in the name and on behalf of the Company, the law firm of Sills Cummis & Gross P.C. as legal counsel to the Company, to represent and

assist the Company in carrying out its duties under the Bankruptcy Code and to take any and all actions to advance the Company's rights under the Bankruptcy Code or otherwise; and in connection therewith, the Authorized Officers, with power of delegation, are hereby authorized and directed to execute appropriate retention agreements, pay appropriate retainers, and to cause to be filed an appropriate application for authority to retain the services of Sills Cummis & Gross P.C.; and be it further

RESOLVED, that the Authorized Officers are, and any one of them acting alone is, hereby authorized and directed to employ, in the name and on behalf of the Company, and Getzler Henrich & Associates LLC as financial advisor to the Company, to represent and assist the Company in carrying out its duties under the Bankruptcy Code and to take any and all actions to advance the Company's rights; and in connection therewith, the Authorized Officers, with power of delegation, are hereby authorized and directed to execute appropriate retention agreements, pay appropriate retainers, and to cause to be filed appropriate applications for authority to retain the services of and Getzler Henrich & Associates LLC; and be it further

RESOLVED, that the Authorized Officers are, and any one of them acting alone is, hereby authorized and directed to employ, in the name and on behalf of the Company, Omni Agent Solutions to provide claims, noticing, balloting and case administration services to the Company, to represent and assist the Company in carrying out its duties under the Bankruptcy Code and to take any and all actions to advance the Company's rights; and in connection therewith, the Authorized Officers, with power of delegation, are hereby authorized and directed to execute appropriate retention agreements, pay appropriate retainers, and to cause to be filed appropriate applications for authority to retain the services of Omni Agent Solutions; and be it further

RESOLVED, that the Authorized Officers are, and any one of them acting alone is, hereby authorized and empowered to employ, in the name and on behalf of the Company, any other professionals to represent and assist the Company in carrying out its duties under the Bankruptcy Code; and in connection therewith, the Authorized Officers, with power of delegation, are hereby authorized and directed to execute appropriate retention agreements, pay appropriate retainers, and to cause to be filed an appropriate application for authority to retain the services of any other professionals as necessary; and be it further

RESOLVED, that in connection with the Chapter 11 Case, the Authorized Officers are, and any one of them acting alone is, hereby authorized and empowered to execute agreements or other documents establishing procedures for the sale of some, all or substantially all assets of the Company pursuant to Section 363 of the Bankruptcy Code or any other equity or asset sale, subject to the approval of such procedures by the Bankruptcy Court in the Chapter 11 Case (the "**Sale Procedures**"), on such terms and conditions as are deemed necessary or advisable by any Authorized Officer executing the same, the execution thereof by such officer to be conclusive evidence of such approval and determination; and be it further

RESOLVED, that the Authorized Officers are, and any one of them acting alone is, hereby authorized and empowered to execute, deliver and perform any agreement, document or any amendment to the foregoing, in the name and on behalf of the Company, in connection with

any transaction for the sale of all or substantially all assets of the Company, on such terms as the Authorized Officers deem necessary or advisable in order to carry out the purpose and intent of the foregoing resolutions; and be it further

RESOLVED, that the Authorized Officers are, and any one of them acting alone is, hereby authorized, empowered and directed, in the name and on behalf of the Company, to take such additional actions, to perform all acts and deeds, and to execute, ratify, certify, deliver, file and record such additional agreements, notices, certificates, instruments, applications, payments, letters and documents as any of them may deem necessary or appropriate to implement the provisions of the foregoing resolutions, and to appoint such agents on behalf of the Company as such Authorized Offices, and any of them, may deem necessary or appropriate in connection with the Sale Procedures, and the transactions contemplated by any of the foregoing, the authority for the taking of such action to be conclusive evidence thereof, and be it further

RESOLVED, that any and all past actions heretofore taken by any Authorized Officer in the name and on behalf of the Company in furtherance of any or all of the foregoing resolutions be, and the same hereby are, ratified, confirmed and approved in all respects; and be it further

RESOLVED, that this written consent may be executed (a) in any number of counterparts, each of which shall be an original, but all of which together shall constitute one and the same written consent, notwithstanding that the undersigned are not signatories to the original or to the same counterpart and (b) via (i) facsimile transmission or (ii) other electronic transmission which provides an accurate copy of this written consent (collectively, the “**Electronic Copy**”), which such Electronic Copy shall be deemed an original.

IN WITNESS WHEREOF, the undersigned has duly executed and delivered this Written Consent as of the date first written above.

SHELDON KENTON

/s/ Sheldon Kenton

KENNETH A. ROSEN

/s/ Kenneth A. Rosen

Fill in this information to identify the case:

Debtor name Global Benefits Group, Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration List of Equity Security Holders

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 18, 2024

X /s/ Howard Ehrlich

Signature of individual signing on behalf of debtor

Howard Ehrlich

Printed name

Authorized Officer

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Global Benefits Group, Inc.
 United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY
 Case number (if known): _____

☐ Check if this is an
 amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders 12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
American Express P.O. Box 981531 El Paso El Paso, TX 79998-1531		AP/Vendor				\$898,932.57
AXIS Specialty Europe SE Mount Herbert Court, 34 Upper Mount Stre Dublin, D02 FT72 Ireland		AP/Vendor	Contingent Disputed			\$560,000.00
BRIT Syndicate 2987 at Lloyds The Lloyd's Broker: Iris Insurance Broke 7th Floor London, EC3R 7LP UNITED KINGDOM		AP/Vendor				\$642,024.00
Bumrungrad Medical Center Ltd. 33 Sukhumvit Soi 3Wattana Bangkok Bangkok, 10110 THAILAND		Provider	Contingent Disputed			\$456,589.18
CLINICA EL AVILA 6ta Transversal de, Av. San Juan Bosco, Caracas, 1060 VENEZUELA		Provider	Contingent Disputed			\$121,159.15
Hilton Management, LLC (RENT) 902 Carnegie Center Suite # 400 Princeton, NJ 08540		AP/Vendor				\$127,271.00

Debtor Global Benefits Group, Inc.
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Kyriba Corp 4435 Eastgate Mall #200 SanDiego, CA 92121		AP/Vendor				\$72,610.93
Med Net Pro Sociedad Anonima Obarrio, Avenida Ricardo Arango y Calle Panama Panama		AP/Vendor	Contingent Disputed			\$3,045,163.98
Menchlikait Investments LLC 150 2nd Ave. STE 1401 Miami, FL 33131		Broker				\$544,588.05
NEWYORK PRESBYTERIAN HOS PO BOX 6154 New York, NY 10249		Provider	Contingent Disputed			\$95,745.96
Now Health International Limited Unit OT 19-37 Level 19, Central Park Off P.O Box 482055 Dubai UNITED ARAB EMIRATES		Broker				\$94,669.00
OPERADORA DE HOSPITALES ANGELES S A DE C CAMINO A SANTA TERESA NO 1055 MEXICO, 10700 MEXICO		Provider	Contingent Disputed			\$70,879.13
OPERADORA DE HOSPITALES ANGELES S A DE C Av. Camino a Santa Teresa No. 1055, Piso 14 H roes de Padierna, La Magdalena Ciudad de M xico, CDMX 10700 MEXICO		Provider	Contingent Disputed			\$98,490.75
PHARMCARE SERVICES 2750 SW 145th Ave, Ste 304 Miramar, FL 33027		Provider	Contingent Disputed			\$127,143.78

Debtor Global Benefits Group, Inc.
Name

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
POLICLINICA METROPOLITANA, C.A. Calle A-1, Edif. Policlínica Metropolitana Caracas, 1061 VENEZUELA		Provider	Contingent Disputed			\$122,863.38
Towne Centre Office Partners LLC 2766 Sand Hill Road Suite 200 Menlo Park, CA 94025		AP/Vendor				\$139,038.00
UMHC. Po Box 402005 Atlanta, GA 30384		Provider	Contingent Disputed			\$85,420.82
Vantiv 8500 Governors Hill Drive Symmes Township, OH 45249-1384		AP/Vendor				\$828,644.15
VAYAC SAPI SA DE CV (VFARMA) CALLE JIMENEZ 465, COL. CENTRO, MONTERREY, NUEVO LEON 66200 MEXICO		Provider	Contingent Disputed			\$98,613.22
Zhibao Technology (Shanghai) Co., Ltd. Room 2104 No.868 Yinghua Road Pudong New Shanghai, 200120 CHINA		AP/Vendor	Contingent Disputed			\$400,000.00

Fill in this information to identify the case:

Debtor name Global Benefits Group, Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**
Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. **Total personal property:**
Copy line 91A from *Schedule A/B*..... \$ 1,927,677.00

1c. **Total of all property:**
Copy line 92 from *Schedule A/B*..... \$ 1,927,677.00

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)
Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 104,158.96

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**
Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**
Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 11,877,285.66

4. **Total liabilities**
Lines 2 + 3a + 3b \$ 11,981,444.62

Fill in this information to identify the case:

Debtor name Global Benefits Group, Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	LCA Bank Corporation Creditor's Name 1441 W. Ute Blvd. Ste., 250, Park City, UT 84098 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Equipment Lessor Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$52,079.48	\$0.00

2.2	Mitsubshi Financial / Hitachi Capital Co Creditor's Name 7808 Creekridge Circle, Suite 250, Edina, MN 55439 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Equipment Lessor Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$52,079.48	\$0.00
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Debtor	Global Benefits Group, Inc.	Case number (if known)	
	Name		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Contingent		
<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$104,158.96

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name Global Benefits Group, Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 1000 Waterford Operating LP 730 Third Avenue New York, NY 10017 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$66,493.00
3.2	Nonpriority creditor's name and mailing address 3rd Park Hospital Park Medical Centre, 3rd Parklands Ave 9th floor, 100 Nairobi KENYA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,764.14
3.3	Nonpriority creditor's name and mailing address 4i Kat. Insurance Brokers Ltd 3 Dimitri Liperti P.O.Box 47508 Athienou Larnaka CYPRUS Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$32,256.80
3.4	Nonpriority creditor's name and mailing address Abelardo Jose Esaa Gonzalez Urb Terrazas del Avila Calle 3 Res El Tu apto 11-C Caracas, Estado Miranda 1073 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$4,024.65

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3.5	Nonpriority creditor's name and mailing address ABMIX SOLUCOES EM SEGUROS LTDA Rua Padre Adelino, 2074 Sala 22 Tatuape, Sao Paulo 03303-000 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$141.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.6	Nonpriority creditor's name and mailing address Abrahan Ricardo Pfeffer Almeida Centro Empresarial Don Bosco, Ofc. Ofc. Los Cortijos de Lourdes Caracas, 1071 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$138.56 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.7	Nonpriority creditor's name and mailing address AC Lock & Key Corp. 6141 SW 8th Street Miami, FL 33144 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.8	Nonpriority creditor's name and mailing address Academic Assembly, Inc 290 South Shore Drive Wurtsboro, New York 12790-0000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$32.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.9	Nonpriority creditor's name and mailing address Academic Health Plans Terry Lyons 1452 Hughes Rd, Suite 350 Grapevine, TX 76051 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$51.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.10	Nonpriority creditor's name and mailing address Access One Insurance, LLC Victor Garcia 1900 Palm Bay Road NE Suite B Palm Bay, FL 32905 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.11	Nonpriority creditor's name and mailing address AccusourceHR P.O. Box 844445 Los Angeles, CA 90084-4445 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.12	Nonpriority creditor's name and mailing address ACMENXT Ltda Palm Grove House PO Box 438 Road Town Tortola, VG1110 BRITISH VIRGIN ISLANDS Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.13	Nonpriority creditor's name and mailing address ACS Primary Care Physicians PO Box 635003 Cincinnati, OH 45263-5003 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,376.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.14	Nonpriority creditor's name and mailing address Act-On Software, Inc (Erin Wallace) 121 SW Morrison Street Suite 1600 Portland, OR 97207 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$14,331.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.15	Nonpriority creditor's name and mailing address Adam Ressler 5021 Winding View Lane Raleigh, NC 27615 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.16	Nonpriority creditor's name and mailing address Adiutum S.A. Canelones 1090 Montevideo, Montevideo 11.111 URUGUAY Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$99.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.17	Nonpriority creditor's name and mailing address Adolfo Vilanova Avenida Mohedano entre Calle Los Granado Caracas, 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,724.18 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.18	Nonpriority creditor's name and mailing address Adrian Sekkel Felix Berenguer # 125 3er Piso Of 6Lomas Mexico City , CDMX 11000 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,272.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.19	Nonpriority creditor's name and mailing address Adriana De Alvarenga Netto Martins Ritter House 5th Floor PO Box 3200 Road Tortola, VG1110 BRITISH VIRGIN ISLANDS Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,336.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.20	Nonpriority creditor's name and mailing address Adriana Uma a Cre Leste #700-61 Apt #401 Bogota, 11010 COLOMBIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$579.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.21	Nonpriority creditor's name and mailing address Adriana Ximena Luque Quintero Av. Venezuela, El Llanito, Piso 1, Apto 2 Caracas, 1010 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$83.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.22	Nonpriority creditor's name and mailing address ADVANCED MEDICAL VISION 7500 NW 25th St Miami, FL 33122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$690.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.23	Nonpriority creditor's name and mailing address Advanced Networks & Cabling Services 18921 77th Ct Hialeah, FL 33015 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.24	Nonpriority creditor's name and mailing address Adventist Health Hospital 40 Stubbs Rd Happy Valley HONG KONG Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$127.72 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.25	Nonpriority creditor's name and mailing address AER Medical LLC dba Borealis Heart 1200 Airport Heights Dr STE 200 Anchorage, AK 99508 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$241.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.26	Nonpriority creditor's name and mailing address AG Gatti Consultoria Rua Rodolfo Troppmair 49 Sao Paulo, S?o Paulo 04001-010 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$143.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.27	Nonpriority creditor's name and mailing address Agencia Benefits Av. Delicias, Calle 89B, Torre Empresarial, Piso 2 Caracas, 1010 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$22.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.28	Nonpriority creditor's name and mailing address Aileen De La Milagrosa Olivo Ludert Urb. Manongo Conjunto Residencial Sta. T Apto 2-4-D Caracas, Carabobo 1010 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$54.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.29	Nonpriority creditor's name and mailing address Aimdar Advisory Group Inc 555 Madison Ave 5th Floor New York, NY 10022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.30	Nonpriority creditor's name and mailing address Aizhan Askarbayeva 279 Lake St, Apt. 1B Brooklyn, NY 11223 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.31	Nonpriority creditor's name and mailing address Alan Shulman 28 Meer Dr. Feasterville Trevoise, PA 19053 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.32	Nonpriority creditor's name and mailing address Albert Cheng 127 Yellow Iris Irvine, CA 92618 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.33	Nonpriority creditor's name and mailing address Alberto Jose Alcala Reyes Calle Panama, Quinta Otro Dia, Colinas Acacias, 1010 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$112.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.34	Nonpriority creditor's name and mailing address Alberto Sisniega Enriquez 25511 Budde Rd Suite 1802 Spring, TX 77380 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$57.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.35	Nonpriority creditor's name and mailing address Aldo Black 90 SW 3rd Street, Apt 3411 Miami, FL 33130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.36	Nonpriority creditor's name and mailing address Alef Group Inc. Marbella, 54th East Street #34 Panama City PANAMA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$58.83 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.37	Nonpriority creditor's name and mailing address Alejandra Nahas Sanchez Av. Ricardo Margain # 444, San Pedro Gar Nuevo Leon, 66266 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$38.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.38	Nonpriority creditor's name and mailing address Alejandro Daniel Mejias Sarmiento Avenida Circunvalacion del sol, Calle ve Piso2 Apt 2-C Santa Paula Caracas, 1010 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$133.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.39	Nonpriority creditor's name and mailing address Alejandro Marquez Calle 90 #130 bogota, 10221 COLOMBIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,818.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.40	Nonpriority creditor's name and mailing address Alejandro Morillo Fiorillo Calle La Guarita Edif Los Frailes Piso 1 Ofic 101 Caracas, 1061 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$149.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.41	Nonpriority creditor's name and mailing address Alejandro Vega Rodriguez Carrera 54D, No. 134-51, Torre 2, Apto. 1103, Haci bogota, Bogot D.C., 111111 COLOMBIA Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.42	Nonpriority creditor's name and mailing address Alejo Fortique Schmidke Quinta Prisma, Calle Genesis, Urb. Santa Paula Caracas, 1061 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$881.06 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.43	Nonpriority creditor's name and mailing address Alessandra Angelo 22592 Sea Bass Drive Boca Raton, FL 33428 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.44	Nonpriority creditor's name and mailing address Alessandro Wassilieff Rua Gal. Severiano, 180 Apt # 1010 Botagofo, Rio de Janeiro 22290-040 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,131.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.45	Nonpriority creditor's name and mailing address Alex Ditch 1022 Chamblee Court West Chester, PA 19380 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.46	Nonpriority creditor's name and mailing address Alex Perez 8100 SW 205th Street Cutler Bay, FL 33189 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.47	Nonpriority creditor's name and mailing address Alexander Flores 9601 SW 142nd Avenue #702 Miami, FL 33186 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.48	Nonpriority creditor's name and mailing address Alexander Gerardo Murrillo Gamboa Santa Ana, 125 metros norte de la, cruz roja Centro Commercial Terraflas lo San Jose, 10901 COSTA RICA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$59.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.49	Nonpriority creditor's name and mailing address Alexander Ospina Rubio Carrera 43b#62 sur-09 Suite 202 Sabaneta, Antioquia 901824 COLOMBIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$118.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.50	Nonpriority creditor's name and mailing address Alexander Scott Allen 1227 Park Lane West Palm Beach, FL 33417 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$44.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.51	Nonpriority creditor's name and mailing address Alexandra Bermudez 9101 SW 1221nd Avenue, Apt 203 Miami, FL 33186 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.52	Nonpriority creditor's name and mailing address Alfredo Willson - United Financial Consu 4770 Biscayne Blvd. Ste. 980 Miami, FL 33137 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$90.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.53	Nonpriority creditor's name and mailing address Alice Cesareti Rua Cerro Cor , 585 Torre I - Cj 310 Sao Paulo, Sao Paulo 05061-150 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$67.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.54	Nonpriority creditor's name and mailing address Alicia Del Valle Duben Villarroel Avenida Paez, Sector La Montana, Conjunt Piso 8, Apartamento 8-C, El Caracas Capital District, 1020 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$55.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.55	Nonpriority creditor's name and mailing address Alicia Veronica Cabanas Colonia General Manuel Arce. Av. Indepen San Salvador, San Salvador 1101 EL SALVADOR Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,788.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.56	Nonpriority creditor's name and mailing address Alicia Vizcaino 13182 SW 9th Lane Miami, FL 33184 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.57	Nonpriority creditor's name and mailing address Aline Cairo 8109 NW 48th Terrace Doral, FL 33166 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.58	Nonpriority creditor's name and mailing address Allan Habif Kleiman Via Villa Florence #18-802 V illa Florence Jesus Del Monte Mexico City, CDMX 52763 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$120.89 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.59	Nonpriority creditor's name and mailing address Allegis Group Holdings Inc. PO Box 198568 Atlanta, GA 30384-8568 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.60	Nonpriority creditor's name and mailing address Alliance International Advisors Av. Francisco de Miranda, Edificio Caven Piso Los Palos Grandes Caracas Capital District, 1050 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$869.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.61	Nonpriority creditor's name and mailing address Alliance Marketing Group, Inc Turquesa #2100 Suite 103 Bucare Guaynabo, PR 00969 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,553.89 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.62	Nonpriority creditor's name and mailing address Alliance Marketing Group, Inc Turquesa #2100 Suite 103 Bucare Guaynabo, PR 00969 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,553.89 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.63	Nonpriority creditor's name and mailing address Allied Universal Compliance and Investig P.O. Box 749411 Atlanta, GA 30374-9411 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,575.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.64	Nonpriority creditor's name and mailing address Alliedbankers Insurance Corporation 17/F Federal Tower Building Dasmarias S Manila, Metro Manila 1225 PHILIPPINES Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.65	Nonpriority creditor's name and mailing address Allyson Mena 8642 Claridge Drive Miramar, FL 33025 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.66	Nonpriority creditor's name and mailing address Alpha International Insurance Broker AG Meierhofstrasse 2 PO Box 1604 Principality of Liechtenstein, Vaduz 949 AUSTRIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$462.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.67	Nonpriority creditor's name and mailing address Alta Vista Operations Inc Road Town Tortola Tortola, VG1110 BVI Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$121.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.68	Nonpriority creditor's name and mailing address Alvaro Augusto Sanchez Masson Rus Marques de Itu, 79 Apto 141 Sao Paulo, S?o Paulo 01223-011 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,541.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.69	Nonpriority creditor's name and mailing address Alvaro Cesar Almaral Los Chorros, Av. El Rosario, Urb. La Est Caracas, Miranda 1071 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,395.11 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.70	Nonpriority creditor's name and mailing address Alvaro Sucre G. Calle A Qta. 1 Urb. Santa Marta Caracas, Miranda 1071 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,760.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.71	Nonpriority creditor's name and mailing address Alvaro Torres 13551 S.W. 199 Terr Miami, FL 33177 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.72	Nonpriority creditor's name and mailing address Alviarez Financial and Insurance Service 14328 SW 10 ST Pembroke Pines, FL 33027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.73	Nonpriority creditor's name and mailing address AM Global Agency Av. Francisco de Miranda, Edificio Caven Piso Los Palos Grandes Caracas Capital District, 1050 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$262.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.74	Nonpriority creditor's name and mailing address AM Global Group Corp Calle La Guairita, Edif. Los Frailes, Piso 1 Ofic. 101 Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$48.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor <u>Global Benefits Group, Inc.</u> Name _____	Case number (if known) _____
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3.75	Nonpriority creditor's name and mailing address Amanda Clendenen 14913 Salamander Place Tampa, FL 33625 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.76	Nonpriority creditor's name and mailing address Amanda Cruz Gonzalez Diagonal 23 C Bis No. 88B-10 Interior 15 Apto. 504 Bogota, 110110 COLOMBIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$88.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.77	Nonpriority creditor's name and mailing address Amelia Fernandez 8642 Claridge Drive Miramar, FL 33025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.78	Nonpriority creditor's name and mailing address Amelys Janett Morales De Izquierdo Av. Paseo Caroni, Conjunto Residencial L Puerto Ordaz, Bolivar 8050 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,043.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.79	Nonpriority creditor's name and mailing address American Advisors 20281 E Country Club Dr Apt 912 aventura, 3180 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$694.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.80	Nonpriority creditor's name and mailing address AMERICAN BIO SERVICES C.O (AMBIOS) 8421 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32809 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$790.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.81	Nonpriority creditor's name and mailing address American Express P.O. Box 981531 El Paso El Paso, TX 79998-1531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$898,932.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.82	Nonpriority creditor's name and mailing address American Hospital Directory 166 Thieman Lane Louisville, KY 40207 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.83	Nonpriority creditor's name and mailing address American International Schools in the Am 1931 NW 150th Ave Suite 263 Pembroke Pines, FL 33028 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.84	Nonpriority creditor's name and mailing address American Medical Centers 114 Zurab Gorgiladze Street Batumi, 6000 GEORGIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$370.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.85	Nonpriority creditor's name and mailing address American School of Alexandria Foundation 15 Roszel Road Princeton, NJ 08540 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.86	Nonpriority creditor's name and mailing address Amulya Chava 35 Crown Point Drive Rancho Mission Viejo, CA 92694 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.87	Nonpriority creditor's name and mailing address Amy Garciga 6357 SW 138th Place Miami, FL 33186 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.88	Nonpriority creditor's name and mailing address Ana Teresa Celis Los Palos Grandes Chacao, 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$202.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Global Benefits Group, Inc. Case number (if known) _____

Name

3.89 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$3,578.91
 Ana Carolina Borga
 8353 NW 128th Unit 22F
 Parkland, FL 33076
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Broker
 Is the claim subject to offset? ☒ No ☐ Yes

3.90 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$94.74
 Ana Carolina Sarmiento Marcano
 Calle Arismendi, Edificio Sausalito
 Piso 6, Apt 6-4
 Diego Bautista Urbaneja Anzoategui,
 6016
 VENEZUELA
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Broker
 Is the claim subject to offset? ☒ No ☐ Yes

3.91 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$611.45
 Ana Cristina Cirrottola
 Av. Romulo Gallegos, Edif. Los
 Almendros
 PHI Telf.: 0034627656817
 Los Ruoces, Caracas 1071
 VENEZUELA
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Broker
 Is the claim subject to offset? ☒ No ☐ Yes

3.92 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$166.26
 Ana Estela Leal de Moraes
 Av. Padre Preira de Andrade, 545
 Ap 101 Bloco D
 Sao Paulo, Sao Paulo 05469-000
 BRAZIL
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Broker
 Is the claim subject to offset? ☒ No ☐ Yes

3.93 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$62.73
 Ana Gabriela Serpa Vasquez
 Av principal d elas lomas de prados
 del
 apt 8C
 Caracas, 1080
 VENEZUELA
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Broker
 Is the claim subject to offset? ☒ No ☐ Yes

3.94 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
 Ana Garcia
 18174 SW 153rd Place
 Miami, FL 33187
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: For notice purposes only
 Is the claim subject to offset? ☒ No ☐ Yes

3.95 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$21.80
 Ana Laura Contreras Soares
 De paco 100 sur , 100 oeste y 250
 noroes
 las visitas #35
 San Jose, 10201
 COSTA RICA
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Broker
 Is the claim subject to offset? ☒ No ☐ Yes

Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.96	Nonpriority creditor's name and mailing address Ana Lucia Breviglieri Chidiquimo Rua Tamandare 277 Apt 53 Liberdade, Sao Paulo 13424-367 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.97	Nonpriority creditor's name and mailing address Ana Marinho 3313 Merrick Lane Margate, FL 33063 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.98	Nonpriority creditor's name and mailing address Ana Paula De Seabra AV Rouxinol 900 Apt 82 Sao Paulo, 04516-001 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$19.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.99	Nonpriority creditor's name and mailing address Ana Paula Ibarra Pando Avenida Marques de Sao Vicente, 2219-15 Andar-conj. 1505 Office Time Sao Paulo, 05036-040 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$168.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.100	Nonpriority creditor's name and mailing address Ana Paula Mendes Av. Monsenor Adan CE Taleslandia Local M Valencia, 2001 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.101	Nonpriority creditor's name and mailing address Anabella Lopez Semprun Rio Churubusco 601, Apto. 1210 Colonia Xoco, Delegacion Benito Juarez, 3330 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$559.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.102	Nonpriority creditor's name and mailing address Anais Blanco 1701 W. 42nd Place, Apt 48 Hialeah, FL 33012 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.103	Nonpriority creditor's name and mailing address Analily Gonzalez-Funes 5451 West 6th Lane Hialeah, FL 33012 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.104	Nonpriority creditor's name and mailing address Andre Armando Bergwerk Rua Gabriel Dos Santos 168 Apto 191A Santa Cecilia Sao Paulo, Sao Paulo, 05614.040 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$22.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.105	Nonpriority creditor's name and mailing address Andre Ferreira Valverde Av Alda Garrido 84/301 Rio de Janeiro, Rio de Janeiro 22621-000 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$114.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.106	Nonpriority creditor's name and mailing address Andre Gersenzon Rua Tavares Bastos, 420 5012.02 Sao Paulo, SP 05614.040 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$328.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.107	Nonpriority creditor's name and mailing address Andrea La Scalea Menniti Av. Ibirapuera, 2144, Conj. 31 - Indianopolis Sao Paulo, S'ao Paulo 04028-001 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.108	Nonpriority creditor's name and mailing address Andreina Villasmil Arias Final Calle Nueva con 10ma Transversal, Cubim Chacao, Caracas 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$101.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.109	Nonpriority creditor's name and mailing address Andres Abreu Alvarez Av PPL de Macaracua Calle Napoleon Res P Apt 48A Piso 4 Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$170.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor <u>Global Benefits Group, Inc.</u> Name _____	Case number (if known) _____
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3.110	Nonpriority creditor's name and mailing address Andres Cardona 6211 SW 130 Avenue #903 Miami, FL 33183 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.111	Nonpriority creditor's name and mailing address Andres E Mazzei 813 North Main suite 304 McAllen, TX 78501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,184.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.112	Nonpriority creditor's name and mailing address Andres Mendez Echeverri Calle 6 Sur #79-150 Apto. 9406 Remanso del Rodeo Medellin, 040018 COLOMBIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.113	Nonpriority creditor's name and mailing address Andreza Pires Franco 6001 SW 156th Court Miami, FL 33193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.114	Nonpriority creditor's name and mailing address Angel Lopez 180 Peppertree Drive Perris, CA 92571 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.115	Nonpriority creditor's name and mailing address Annielis Flores 1400 W 3rd Avenue Hialeah, FL 33010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.116	Nonpriority creditor's name and mailing address Anselmo De La Trinidad Riera Perera Calle Lara Casa No. 11 Urb. La Arboleda Carora Lara, 3050 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.117	Nonpriority creditor's name and mailing address Anthony Acton 3010 Festivus Court Apt. 209 Charlotte, NC 28205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.118	Nonpriority creditor's name and mailing address Antonio Adolfo Hernandez Estaba Av. Ppal. Sta. Maria, Urb. Sebucan, Qta. Caracas, Miranda 4001 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$132.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.119	Nonpriority creditor's name and mailing address Antonio Bassin Aviles Urb. Villa Alianza, Calle Filadelfia, Qu Puerto Ordaz, Bolivar 8050 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$83.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.120	Nonpriority creditor's name and mailing address Antonio Carlos Driussi Rua Perfeito Angelo Lopes, 2552 Apt 504 Curitiba Parana, 82590-300 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$75.74 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.121	Nonpriority creditor's name and mailing address Antonio Carlos Roberti Jr. Rua Dom Pedro I, 2355 AP 93 Bairro Nova Am rica Piracicaba, SP CEP 13.417-791. BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$37.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.122	Nonpriority creditor's name and mailing address Antonio Ignacio Sanz Picon Ave. San Felipe, Edif. San Antonio, Apt. 4, La Cas Caracas, Miranda 1060-A VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$220.97 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.123	Nonpriority creditor's name and mailing address Antonio Jose Gonzalez Rivas Urbanizacion La Floresta. Calle 2 Casa 2 Estado Monagas, 6201 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$301.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.124	Nonpriority creditor's name and mailing address Antonio Jose Rodriguez Fuentes Av. Eugenio Mendoza, Torre IASA, Piso 1, Ofic. 107 Urb. La Castellana, Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.125	Nonpriority creditor's name and mailing address Antonio Jose Zubillaga Jimenez Urb. Colinas del Turbio, Quinta Los Zubi #3-140 Barquisimetro Lara, 3001 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,033.71 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.126	Nonpriority creditor's name and mailing address Antonio Octavio Cisneros Rojas Urb Los Samanes Calle Guaicay Res Parque Piso 7 Apto 073-B Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.127	Nonpriority creditor's name and mailing address Antonio Roberto Caubet Dittmar Calle Santa Ana, Conj. Res. Bosque San M Piso 5, Apto. 9 Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.128	Nonpriority creditor's name and mailing address Antonio Sanchez 18540 Lakepoint Drive Riverside, CA 92503 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.129	Nonpriority creditor's name and mailing address AON Consulting Limited (Uk) Claire Kenny Eastwood House, Glebe Road Chelmsford, Essex (county) CM11RS UNITED KINGDOM Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,756.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.130	Nonpriority creditor's name and mailing address Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 New York, NY 10006 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.131	Nonpriority creditor's name and mailing address Aon UK Limited The Aon Centre, The Leadenhall Building London, EC3V4AN UNITED KINGDOM Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.132	Nonpriority creditor's name and mailing address Apdrosinansanas un Finansu Brokers 6 Tukuma st, Riga, LV-1026 LATVIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$119.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.133	Nonpriority creditor's name and mailing address APX Net Inc (APX Net) PO Box 842 2 School Berwick, ME 03901 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,935.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.134	Nonpriority creditor's name and mailing address ARCE GONZALEZ JUAN MANUEL Camino de Sta. Teresa 1055-S, H roes de Ciudad de M xico, 10700 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,368.01 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.135	Nonpriority creditor's name and mailing address Arianna Valero Fernandez 13115 SW 42nd Street Miramar, FL 33027 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.136	Nonpriority creditor's name and mailing address Arko Promotions Corp PO Box 3136 Road Town Tortola, VG1110 BRITISH VIRGIN ISLANDS Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$165.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.137	Nonpriority creditor's name and mailing address Armando Santander Av. Francisco de Miranda , Centro Empres Piso 2, Ofic 2K, Urb. Los Ruices Caracas, Miranda 1071 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,453.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.138	Nonpriority creditor's name and mailing address Arnaldo Nobel Aurelia 1851, Apt 34.Vila Romana Sao Paulo, S?o Paulo 05046-001 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,298.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.139	Nonpriority creditor's name and mailing address ARSUE SOCIEDAD CIVIL Calle Santa Anac/Av Ppal La Floresta Edi Caracas, 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$840.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.140	Nonpriority creditor's name and mailing address ARTROVISION CIENCIA Y TECNOLOGIA AV. LA TAHONA EDIF LA RIVIERA TORRE 1-A URB COLINA C CARACAS DISTRITO CAPITAL, 1014 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,147.88 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.141	Nonpriority creditor's name and mailing address Artur Pupo Pesce Av. Santo Amaro 3.330 cj 44 S?o Paulo, S?o Paulo 04556-300 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$107.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.142	Nonpriority creditor's name and mailing address ARUAL MEDICINA DE REANIMACION EJERCITO NACIONAL 316 PISO 9 COL.GRANADA, D.F. Mexico, 11520 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,370.79 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.143	Nonpriority creditor's name and mailing address Asana Inc 633 Folsom Street San Francisco, CA 94107 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.144	Nonpriority creditor's name and mailing address Asesores Agencyone AV. NEVERI QUINTA 20-65COLINAS DE BELLO Caracas, Miranda 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,937.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.145	Nonpriority creditor's name and mailing address Asesores Inc 120 E Redd Rd. Ste. E El Paso, TX 79932 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$129.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.146	Nonpriority creditor's name and mailing address Asg Agency Ave. Francisco De Miranda, Edif. Tecotel Piso 1, Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$728.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.147	Nonpriority creditor's name and mailing address Ashley Perez 1549 SE 24th Court Homestead, FL 33035 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.148	Nonpriority creditor's name and mailing address Ashly Parekh 501A Kingston Terrace Drive Princeton, NJ 08540 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.149	Nonpriority creditor's name and mailing address ASOCIMA - ASOCIACION DE MEDICOS DEL CIMA 800 Oeste del Peaje Autopista Prospero F San Jose, 10103 COSTA RICA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,792.43 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.150	Nonpriority creditor's name and mailing address ASOCIMA - ASOCIACION DE MEDICOS DEL CIMA 800 OESTE DEL PEAJE AUTOPISTA PROSPERO F SAN JOSE, 10101 COSTA RICA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,892.82 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.151	Nonpriority creditor's name and mailing address Association for the Advancement in Inter PO Box 3496 Princeton, NJ 08543-3496 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.152	Nonpriority creditor's name and mailing address Assured Partners of Ohio LLC 4244 Mt. Pleasant St. NW #200 North Canton, OH 44720 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,036.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.153	Nonpriority creditor's name and mailing address Assuria Schadeverzekering NV Recolaan 17 POB 10304541501 Paramaribo, 10000 SURINAME Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.154	Nonpriority creditor's name and mailing address AST Electric, Inc. 7234 NW 66th Street Miami, FL 33166 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.155	Nonpriority creditor's name and mailing address Aston Carter, Inc 3689 Collection Center Drive Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,640.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.156	Nonpriority creditor's name and mailing address AT&T P.O. Box 5076 Carol Stream, IL 60197-5076 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,147.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.157	Nonpriority creditor's name and mailing address Atid Life Praia do Flamengo 66 419 B Rio de Janeiro, 20560-001 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,642.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.158	Nonpriority creditor's name and mailing address Atlantic Resource Partners Philadelphia 19 west 34th Street Suite 806 New York, NY 10001 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.159	Nonpriority creditor's name and mailing address Atlantic Resource Partners Philadelphia 19 West 34th Street Suite 806 New York, NY 10001 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.160	Nonpriority creditor's name and mailing address Augusto Cezar Bento Goncalves Philadelph Rua Redentor 19/201 Impanema Rio de Janeiro, 22421-030 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$37.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.161	Nonpriority creditor's name and mailing address Avila Boffil 6ta Transversal, Edif. Villa Quintana Lo Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.162	Nonpriority creditor's name and mailing address AVWM LTD Tua Girazol 1291 Ap63 Vila Madelena Sao Paulo, 05614.040 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$21.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.163	Nonpriority creditor's name and mailing address AXA Mansard Insurance plc Santa Clara Court Plot 1412 Ahmadu Bell Victoria Island, 106104 LAGOS Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.164	Nonpriority creditor's name and mailing address AXA Seguros S.A de C.V Felix Cuevas 366 Piso 6 Col. Tlacoquemecat1 Del. Benito J Cuidad de Mexico, C.P. 03200 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.165	Nonpriority creditor's name and mailing address AXIS Specialty Europe SE Mount Herbert Court, 34 Upper Mount Stre Dublin, D02 FT72 Ireland Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$560,000.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.166	Nonpriority creditor's name and mailing address Bac Financial 1000 N.W 57th Ct.Suite 170 Miami, FL 33126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$870.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.167	Nonpriority creditor's name and mailing address BAC Financial Paragon Global Wealth Inc Via Ricardo J Alfaro, Edificio The Centu Panama, 0834-02595 PANAMA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$374.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.168	Nonpriority creditor's name and mailing address Bac Financial Peru 1000 N.W 57th Ct. Suite 170 Miami, FL 33126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$398.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.169	Nonpriority creditor's name and mailing address Bangkok Insurance Public Company Limited Bangkok Insurance Building 25 Sathon Tai Bangkok, 10120 THAILAND Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.170	Nonpriority creditor's name and mailing address BAPS Pramukh Swami Hospital 5QQX+R72, Shri Pramukh Swami Maharaj Mar Adajan, Surat, Gujarat 395009 INDIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,116.66 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.171	Nonpriority creditor's name and mailing address BAPTIST HEALTH SOUTH FLORIDA - BAPTIST H BAPTIST HEALTH SOUTH FLORIDA, Inc. Attention: Corporate Vice President Mana 6855 Red Road Suite 600 Coral Gables, Fl 33143 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$154.50 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Global Benefits Group, Inc. Case number (if known) _____
Name

3.172 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* \$2,240.50

BAPTIST HEALTH SOUTH FLORIDA -
BAPTIST H
BAPTIST HEALTH SOUTH FLORIDA, Inc.
Attention: Corporate Vice President
Mana
6855 Red Road Suite 600
Coral Gables, FL 33143

- ☒ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: Provider

Date(s) debt was incurred _____

Is the claim subject to offset? ☒ No ☐ Yes

Last 4 digits of account number _____

3.173 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* \$1,041.00

BAPTIST HEALTH SOUTH FLORIDA -
BAPTIST H
BAPTIST HEALTH SOUTH FLORIDA, Inc.
Attention: Corporate Vice President
Mana
6855 Red Road Suite 600
Coral Gables, FL 33143

- ☒ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: Provider

Date(s) debt was incurred _____

Is the claim subject to offset? ☒ No ☐ Yes

Last 4 digits of account number _____

3.174 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* \$29,635.80

BAPTIST HEALTH SOUTH FLORIDA -
BAPTIST H
BAPTIST HEALTH SOUTH FLORIDA, Inc.
Attention: Corporate Vice President
Mana
6855 Red Road Suite 600
Coral Gables, FL 33143

- ☒ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: Provider

Date(s) debt was incurred _____

Is the claim subject to offset? ☒ No ☐ Yes

Last 4 digits of account number _____

3.175 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* \$214.82

BAPTIST HEALTH SOUTH FLORIDA - NON
EMPLO
BAPTIST HEALTH SOUTH FLORIDA, Inc.
Attention: Corporate Vice President
Mana
6855 Red Road Suite 600
Coral Gables, FL 33143

- ☒ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: Provider

Date(s) debt was incurred _____

Is the claim subject to offset? ☒ No ☐ Yes

Last 4 digits of account number _____

3.176 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* \$207.35

BAPTIST HEALTH SOUTH FLORIDA - NON
EMPLO
BAPTIST HEALTH SOUTH FLORIDA, Inc.
Attention: Corporate Vice President
Mana
6856 Red Road Suite 600
Coral Gables, FL 33144

- ☒ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: Provider

Date(s) debt was incurred _____

Is the claim subject to offset? ☒ No ☐ Yes

Last 4 digits of account number _____

3.177 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* \$219.70

BAPTIST HEALTH SOUTH FLORIDA -
SOUTH MIA
BAPTIST HEALTH SOUTH FLORIDA, Inc.
Attention: Corporate Vice President
Mana
6855 Red Road Suite 600
Coral Gables, FL 33143

- ☒ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: Provider

Date(s) debt was incurred _____

Is the claim subject to offset? ☒ No ☐ Yes

Last 4 digits of account number _____

Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.178	Nonpriority creditor's name and mailing address BAPTIST HEALTH SOUTH FLORIDA - SOUTH MIA BAPTIST HEALTH SOUTH FLORIDA, Inc. Attention: Corporate Vice President Mana 6855 Red Road Suite 600 Coral Gables, FL 33143 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,505.20 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.179	Nonpriority creditor's name and mailing address BAPTIST HEALTH SOUTH FLORIDA - SOUTH MIA BAPTIST HEALTH SOUTH FLORIDA, Inc. Attention: Corporate Vice President Mana 6857 Red Road Suite 600 Coral Gables, FL 33145 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$67,275.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.180	Nonpriority creditor's name and mailing address BAPTIST SURGERY AND ENDOSCOPY CENTERS, L BAPTIST HEALTH SOUTH FLORIDA, Inc. Attention: Corporate Vice President Mana 6855 Red Road Suite 600 Coral Gables, FL 33143 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,310.55 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.181	Nonpriority creditor's name and mailing address Barbara Sabine Diaz Bohn AV Norte 4 Con Dorte 5, residencias reg Piso 6 Apt 63-A , Los naranjos El Cafeta Caracas , 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,334.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.182	Nonpriority creditor's name and mailing address Barbara Sanchez 9141 NW 177th Terrace Hialeah, FL 33018 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.183	Nonpriority creditor's name and mailing address BayGrape Technology 5 Sea Grape Road Ladera Ranch, CA 92694 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name		Case number (if known)
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3.184	Nonpriority creditor's name and mailing address Bayview Consulting LLC 1412 NE 26th Avenue Ft. Lauderdale, FL 33304 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.185	Nonpriority creditor's name and mailing address BDO USA, LLP 330 North Wabash Suite 3200 Chicago, IL 60611 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.186	Nonpriority creditor's name and mailing address Beacon Hill Staffing Group 152 Bowdoin Street Boston, MA 02108 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.187	Nonpriority creditor's name and mailing address Belen Azpurua Avenida Principal La Castellana Torre Ba Piso 6 of 6B2 Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,524.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.188	Nonpriority creditor's name and mailing address BELIZE HEALTHCARE PARTNERS LTD CORNER CHANCELLOR AV. AND BLUE MARLIN AV Belize City BELIZE Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$10,922.35 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.189	Nonpriority creditor's name and mailing address Ben Holley 188 Nichols Street Fairfield, CT 06824 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.190	Nonpriority creditor's name and mailing address Benoit Language Services, Inc. 33 South Street Northborough, MA 01532 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.191	Nonpriority creditor's name and mailing address Berluis Taide Pinate Acuna Calle Los Mangos, Res. Lourdes PB-1 Las Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$71.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.192	Nonpriority creditor's name and mailing address Bernardo Enrique Junior Labarca Parra Av. 2 El Milagro, Resid. Parque Santa Lu Apto. 9D Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$824.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.193	Nonpriority creditor's name and mailing address Betina Cohen Rua Alagoas 270 - Ap 51 Sao Paulo, S?o Paulo 01242-000 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,182.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.194	Nonpriority creditor's name and mailing address Betsabe Margarita Chacin Vilchez Residencias El Cuji Nucleo 2 Edificio 1 Maracaibo, Zulia 4002 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$153.83 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.195	Nonpriority creditor's name and mailing address Bh Life Group Al. campinas, 911 ao 21 S?o Paulo, S?o Paulo 1404001 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$126.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.196	Nonpriority creditor's name and mailing address Bianca Johnson 3131 W. Loop S, #478 Houston, TX 77027 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.197	Nonpriority creditor's name and mailing address Bienert, Katzman Littrell Williams LLP 903 Calle Amanecer, Suite 350 San Clement, CA 92673 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$40,104.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.198	Nonpriority creditor's name and mailing address Bigleaf Networks, Inc. Dept LA 24973 Pasadena, CA 91185-4973 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$897.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.199	Nonpriority creditor's name and mailing address Billl Cronin 5935 Pidcock Creek Rd. New Hope, PA 18938 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.200	Nonpriority creditor's name and mailing address Billy Jimenez Bobadilla Calle Ahuhuetes No Ext 233, Col San Jose Ciudad de M xico, 5200 Mexico Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,210.61 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.201	Nonpriority creditor's name and mailing address Bing Zhang 15612 SW 109th Terrace Miami, FL 33196 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.202	Nonpriority creditor's name and mailing address Bladimir Angel Hurtado Briceno Av. 104 (Andres Eloy Blanco) No. 123-191 Piso 2, Oficina 10 Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.203	Nonpriority creditor's name and mailing address Blanca Cecilia Vitalini Camilo Recalde 854 Asuncion, 001415 PARAGUAY Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$22.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.204	Nonpriority creditor's name and mailing address Blanca Margarita Lopez Velasquez Calle 39 Sur, #25 C, 81, Apto 720 Torre 4, Unidad Palo Verde Envigado, 906940 COLOMBIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$34.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.205	Nonpriority creditor's name and mailing address Blue Ribbon Bags 10 East 39th Street 8th Floor New York, NY 10016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.206	Nonpriority creditor's name and mailing address BlueAlly Technology Solutions, LLC 1225 Crescent Green, Suite 115 Cary, NC 27518 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$35,412.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.207	Nonpriority creditor's name and mailing address BNH Hospital 9/1 Convent Road Silom Bangkok, 10500 THAILAND Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$784.78 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.208	Nonpriority creditor's name and mailing address Bozena McCarthy 31281 Summerhill Court Coto De Caza, CA 92679 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.209	Nonpriority creditor's name and mailing address Braian Danielle Chinchilla Sayago Av. Romulo Gallegos, Parque Resid. del E Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$131.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.210	Nonpriority creditor's name and mailing address Brand New Day Marketing 2010 Cypress Point Dr. Corona, CA 92882 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.211	Nonpriority creditor's name and mailing address Brian Nyland 7880 SW 180th Terrace Palmetto Bay, FL 33157 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.212	Nonpriority creditor's name and mailing address Bridgette Lockhart 7 Merrick Avenue Kingston, Kingston 10 JAMAICA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1,139.49</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.213	Nonpriority creditor's name and mailing address Bridgette Lockhart 7 Merrick Avenue Kingston, Kingston 6 JAMAICA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1,139.49</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.214	Nonpriority creditor's name and mailing address BRIT Syndicate 2987 at Lloyds The Lloyd's Broker: Iris Insurance Broke 7th Floor London, EC3R 7LP UNITED KINGDOM Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$642,024.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.215	Nonpriority creditor's name and mailing address BRITISH AMERICAN HOSPITAL (CLINICA ANGLO ALFREDO SALAZAR 350 SAN ISIDRO APARTADO Lima, 15073 PERU Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$14,180.62</u> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.216	Nonpriority creditor's name and mailing address Brittan Elam-Edge 916 Country Ridge road Opelousas, LA 70570 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.217	Nonpriority creditor's name and mailing address Brokers Financial Group Gonzalo Esteban Villarrica 1660, Casa 09, San Pedro de L Concepcion Chile Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$164.66</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.218	Nonpriority creditor's name and mailing address Bruna Kress Santa Ana, 125 metros norte de la, cruz local #1 San Jose, 10901 COSTA RICA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$153.78</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.219	Nonpriority creditor's name and mailing address Bruno Larocerie 14864 SW 104th Street #15 Miami, FL 33196 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.220	Nonpriority creditor's name and mailing address Bryan Cronen 2850 Golf Road Rolling Meadows, IL 60008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.221	Nonpriority creditor's name and mailing address Bumrungrad International Hospital 33 Sol Sukhumvit 3 Nana Nua, Sukhumvit Road, Klongtoey, W Bangkok, 10110 THAILAND Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$769.89 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.222	Nonpriority creditor's name and mailing address Bumrungrad International Hospital 33 Sukhumvit Soi 3Wattana Bangkok, 10110 THAILAND Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$499.52 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.223	Nonpriority creditor's name and mailing address Bumrungrad Medical Center Ltd 34 Sol Sukhumvit 3 Nana Nua, Sukhumvit Road, Klongtoey, W Bangkok, 10111 THAILAND Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30,276.31 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.224	Nonpriority creditor's name and mailing address Bumrungrad Medical Center Ltd. 35 Sol Sukhumvit 3 Nana Nua, Sukhumvit Road, Klongtoey, W Bangkok, 10112 THAILAND Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$42.31 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.225	Nonpriority creditor's name and mailing address Bumrungrad Medical Center Ltd. 33 Sukhumvit Soi 3Wattana Bangkok Bangkok, 10110 THAILAND Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$456,589.18 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.226	Nonpriority creditor's name and mailing address BWUINS (Kyeongwoo Lee) Kyeongwoo Lee Donggu Dongburo 30 Daegu Metropolitan City, 710030 SOUTH KOREA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.227	Nonpriority creditor's name and mailing address BWUINS (Sean Park) 220 Route 46 West (Suite 109) Little Fe Little Ferry, NJ 07643 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.228	Nonpriority creditor's name and mailing address Cabal international Group C.A Av Las Acacias Edf Jardin PB Apto C Caracas, 1050 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$133.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.229	Nonpriority creditor's name and mailing address CAJA DE MEDICOS HOSPITAL ABC Sur 136 Numero 116, COL. Las Americas, Delegacion Alvaro Obregon D.F. Mexico, 1120 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$44,255.94 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.230	Nonpriority creditor's name and mailing address CAJA DE MEDICOS HOSPITAL ABC Sur 136 No 116 col Las Americas Ciudad Mexico, 1120 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,583.54 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.231	Nonpriority creditor's name and mailing address CAJA DE MEDICOS HOSPITAL ANGELES DE LAS Vialidad De La Barranca No. 22, S N Col Huixquilucan, Edo De Mexico 52763 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,642.80 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.232	Nonpriority creditor's name and mailing address Calligo Limited (Donna Mitchell) Block 3 The Forum Grenville Street St He Jersey, JE2 4UF UNITED KINGDOM Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,219.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.233	Nonpriority creditor's name and mailing address Canto Inc 9620 Las Vegas Blvd S Ste E4 #680 Las Vegas, NV 89123-6508 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.234	Nonpriority creditor's name and mailing address Capital Driver SAC Av. Caminos del Inca 390, ofc. 801 Santiago de Surco Lima, 15038 PERU Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$197.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.235	Nonpriority creditor's name and mailing address Capstone 10647 Justin Drive Iowa Urbandale, IA 50322 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.236	Nonpriority creditor's name and mailing address Careington Solutions Simplified P.O. Box 2568 Frisco, TX 75034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.237	Nonpriority creditor's name and mailing address CareMark RX c/o CVS 1 CVS Drive Woonsocket, RI 02895 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.238	Nonpriority creditor's name and mailing address CAREN (Niger) Compagnie d'Assurances et de Reassurance Niamey, B.P.733 NIGER Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.239	Nonpriority creditor's name and mailing address Caribbean Agency Caracas Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,498.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.240	Nonpriority creditor's name and mailing address Caribbean Assurance Brokers Limited Agen 940 Old Hope Road Kingston St Andrew Kingston, Kingston 6 JAMAICA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$91.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.241	Nonpriority creditor's name and mailing address Carl Bergh 501 Brentwood Drive Wilmington, DE 19803 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.242	Nonpriority creditor's name and mailing address Carlos Antonio Sanchez Leiva Jr Osgaldo Hercelles 340 Urb Satna Catal Lima, 15038 PERU Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$41.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.243	Nonpriority creditor's name and mailing address CARLOS E. MORANTE Av. Principal de El Hatillo, Centro M di Caracas, 1014 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,700.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.244	Nonpriority creditor's name and mailing address Carlos Enrique Lairret Otero Av Francisco de Miranda, Edif Banco del Caracas, Miranda 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$44.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.245	Nonpriority creditor's name and mailing address Carlos Julio Castillejos Rojas Urb. Los Saltos, Mz. 7, Casa 9B, Calle B Puerto Ordaz, Bolivar 8050 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.246	Nonpriority creditor's name and mailing address Carlos Julio Castillejos Rojas Carlos Ju Urb. Los Saltos, Mz. 7, Casa 9B, Calle B Puerto Ordaz, Bolivar 8050 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$104.53 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.247	Nonpriority creditor's name and mailing address Carlos Marcelo Sosa Encina Cordillera 911 Asuncion, 001415 PARAGUAY Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$238.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.248	Nonpriority creditor's name and mailing address Carlos Octavio Franco Liendo Urb. Ciudad Tiuna, Edif. Torre A10 Piso 1, Apto 1F Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$111.95 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.249	Nonpriority creditor's name and mailing address Carlos Ramon Coello Requena Av. Andres Bello, Edf. Siko Piso 7 Apto 72 Caracas, 1041 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$45.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.250	Nonpriority creditor's name and mailing address Carlos Talavera 108 Truxton Drive Miami Springs, FL 33166 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.251	Nonpriority creditor's name and mailing address Carlos Valencia Hoyos 425 NE 22nd Street Apt 1704 Miami, FL 33137 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.252	Nonpriority creditor's name and mailing address Carmen Alicia Estrada De Arevalo 15450 SW 159th St Miami, FL 33187 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$113.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.253	Nonpriority creditor's name and mailing address Carmen Ideliz Santos Santiago PO Box 523 Salinas, PR 00751 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,486.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.254	Nonpriority creditor's name and mailing address Carmen Ideliz Santos Santiago PO Box 523 Salinas, PR 00751 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,486.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.255	Nonpriority creditor's name and mailing address Carmen Mariela Luna Pi ate CONJUNTO RES BOSQUE ENCANTADO, TOWN HOUS Municipio El Hatillo Miranda, 1083 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$334.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.256	Nonpriority creditor's name and mailing address Caroli Carmela Lorefice de Taborda Calle 86A entre Avs. 4 y 8, Edificio Res Piso 2 Apto 2-B Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.257	Nonpriority creditor's name and mailing address Carolina Barasoain Fernandez / Isure Ins 10631 N. Kendall Drive Suite 210 Miami, FL 33176 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$80.42 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.258	Nonpriority creditor's name and mailing address Casey Crisefi 304 Greenview Lane Havertown, PA 19083 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.259	Nonpriority creditor's name and mailing address Cassia Spadao Brown 3479 Flamingo Blvd. Hernando Beach, FL 34607 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.260	Nonpriority creditor's name and mailing address Castor Fernandez Rodriguez Carretera la Uni n Sector potro Redondo Caracas, Miranda 1090 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,777.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.261	Nonpriority creditor's name and mailing address Catalina Gonzalez Carrera 25 A # 1-31, OFICINA 1408 Medell n Antioquia 40018 COLOMBIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$295.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.262	Nonpriority creditor's name and mailing address CATO Network Inc 3031 Tisch Way San Jose, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,841.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.263	Nonpriority creditor's name and mailing address Caulton Christopher Gordon Zafarringdon Dr. Kingston, Kingston 6 JAMAICA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,346.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.264	Nonpriority creditor's name and mailing address CBIZ Benefits & Insurance Services, Inc. 11440 tomahawk Creek parkway Leawood, KS 66211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,283.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.265	Nonpriority creditor's name and mailing address Celina Denys Avila Avenida Las Acacias #124 oficina #4 Colonia San Benito San Salvador, 1101 EL SALVADOR Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$27.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.266	Nonpriority creditor's name and mailing address Celine Lopez 14125 SW 66th Street #F1 Miami, FL 33183 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.267	Nonpriority creditor's name and mailing address CENTRO CLINICO VALENTINA CANABAL Barquisimeto 3001 Lara, 3001 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,538.83 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.268	Nonpriority creditor's name and mailing address CENTRO DE ESPECIALIDADES ANZOATEGUI 58G8+7FM, Lecher a 6010 Anzo tegui, 6010 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,341.27 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.269	Nonpriority creditor's name and mailing address CENTRO DE INVESTIGACION Y MANEJO DE CANC 300 metros al oeste de la Junta de Prote San Jose, 10103 COSTA RICA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,668.64 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.270	Nonpriority creditor's name and mailing address CENTRO DIAGNOSTICO HOMBRO INTEGRAL / MYR Instituto M dico La Floresta. Urb. La Fl Anexo "A", P.B. Caracas, 1060 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,720.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.271	Nonpriority creditor's name and mailing address CENTRO MEDICO DOCENTE LA TRINIDAD Av. Principal de El Hatillo, Caracas, 1083 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$60,493.39 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.272	Nonpriority creditor's name and mailing address CENTRO MEDICO DOCENTE PARAISO 81 11-150, 61 Avenida Universidad, Marac Zulia, 4001 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,708.10 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.273	Nonpriority creditor's name and mailing address CENTRO MEDICO DOCENTE PARAISO AV. UNIVERSIDAD CALLE 61 11-150 MARACAIB ZULIA, 4001 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,321.15 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.274	Nonpriority creditor's name and mailing address Centro Oftalmologico Docente Atlantico C Calle Arismendi Edif Atlantico Piso 3 Oficino 32/3 Caracas, 6016 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25.07 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.275	Nonpriority creditor's name and mailing address Century Business Services Inc. 10491 Old Placerville Road Suite # 150 Sacramento, CA 95827 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,437.12 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.276	Nonpriority creditor's name and mailing address Cesar Augusto Padron Buonafina Urb. Prebo I, Av. 106-A, Resid. Tamanaco No. 3 Valencia, Carabobo 2001 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.03 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.277	Nonpriority creditor's name and mailing address Cesar Enrique Rubio 6975 NW 109 Ave Miami, FL 33178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$92.83 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.278	Nonpriority creditor's name and mailing address Cesar Humberto Marchegiani Araque C.C. Galeria Las Americas Piso 1, Local Caracas, Miranda 1060 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$193.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.279	Nonpriority creditor's name and mailing address Cesarina De Aguiar De Lopez URB Guaracarima, Calle Guaracarima #147 Aragua, 2121 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.280	Nonpriority creditor's name and mailing address CGF Insurance LLC 22 Avenida Gonzalez Giusti Caparra Offic Guaynabo, PR 00968 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.281	Nonpriority creditor's name and mailing address Chamsa (Iracema Gomes De Almeida) Irace Hamsa Group, LLC 6965 Piazza Grande Ave Unite 401 Orlando, FL 32835 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$185.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.282	Nonpriority creditor's name and mailing address Chamsa (Hamsa Group, LLC) Hamsa Group LL 6965 Piazza Grande Ave Unite 401 Orlando, FL 32835 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$177.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.283	Nonpriority creditor's name and mailing address Chamsa/Hamsa Group (Paula Albino Machado 6965 Piazza Grande Ave Unite 401 Orlando, FL 32835 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$177.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.284	Nonpriority creditor's name and mailing address Chanel Lopez 12061 SW 126th Terrace Miami, FL 33186 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.285	Nonpriority creditor's name and mailing address Charlene Hernandez 3120 Covewood St. High Point, NC 27265 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.286	Nonpriority creditor's name and mailing address Chelsea Allen 186 Rolling Marsh Lane Apt. 203 Hardeeville, SC 29927 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.287	Nonpriority creditor's name and mailing address Chris Elizabeth Palomino Morett Paseo del Puma 3085 Bugambillas Zapopan, Jalisco 45238 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.288	Nonpriority creditor's name and mailing address Christiano John Muller Carioba Rua Bina Machado 184 Sao Paulo, 04663-120 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$73.56 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.289	Nonpriority creditor's name and mailing address Christina Gaston 2233 Elements Way Irvine, CA 92612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.290	Nonpriority creditor's name and mailing address Cigna Health and Life Insurance Company 900 Cottage Grove Road Hartford, CT 06152 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.291	Nonpriority creditor's name and mailing address Cinthia Yuki 9979 NW 89th Terrace Doral, FL 33178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.292	Nonpriority creditor's name and mailing address CIRARTI S.C RET 1 AV TALLER 55 Jard n Balbuena D.F. Mexico, 11520 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,987.99 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.293	Nonpriority creditor's name and mailing address Circe Faldini Rua Iupeba 168, Ap. 32 Morumbi, S?o Paulo 05713-500 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$136.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.294	Nonpriority creditor's name and mailing address Circle Care Agency 18001 Old Cutler Rd Suite 647 Miami, FL 33157 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,174.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.295	Nonpriority creditor's name and mailing address Cisa Usa, Inc Av el Polo 670. Torre B. Piso 3. Oficina B308 Santiago de Surco Lima, 15023 PERU Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,202.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.296	Nonpriority creditor's name and mailing address Cision US Inc 1785 Greensboro Station 8th floor McLean, VA 22102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,087.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.297	Nonpriority creditor's name and mailing address CITY OF DELRAY BEACH FIRE RESC 501 West Atlantic Avenue Delray Beach, FL 33444 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$192.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.298	Nonpriority creditor's name and mailing address Clase A Tours Ca C Piedras Pintadas EDF Esmeralda, 201D Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$161.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.299	Nonpriority creditor's name and mailing address Claudia Lupion Garcia British Virgin Islands Nerine Chambers P Tortola, VG1110 BRITISH VIRGIN ISLANDS Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,899.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.300	Nonpriority creditor's name and mailing address Claudio Jeronimo Pecchio Vetencourt Callejon Los Blancos, Res. La Giralda, Piso 7, Apt Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$163.11 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.301	Nonpriority creditor's name and mailing address Claudio Miguel Mejia Laureano Alonsoperez esq. La Floresta Ch Punta del Este, Maldonado 20100 URUGUAY Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$40.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor <u>Global Benefits Group, Inc.</u>		Case number (if known) _____	
Name _____			

<div style="border: 1px solid black; padding: 2px; width: 40px; display: inline-block;">3.302</div> Nonpriority creditor's name and mailing address Claudio Montenegro 11445 SW 253rd Street Homestead, FL 33032 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<div style="border: 1px solid black; padding: 2px; width: 40px; display: inline-block;">3.303</div> Nonpriority creditor's name and mailing address Clc Consulting LTDa Ritter House 5th Floor PO Box 3200 Road Tortola, VG1110 BRITISH VIRGIN ISLANDS Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$39.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<div style="border: 1px solid black; padding: 2px; width: 40px; display: inline-block;">3.304</div> Nonpriority creditor's name and mailing address Cleber Fernandes Ribeiro Estrada Manoel lages do chao, 1845 Casa Cotia, Sao Paulo 05614.040 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$23.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<div style="border: 1px solid black; padding: 2px; width: 40px; display: inline-block;">3.305</div> Nonpriority creditor's name and mailing address Clertan Do Vale Rochelle Rua Uruana, Quadra AI2 Lote 1 Residencial Alphaville Flamboyant Goiania, GO 74884-684 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$17.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<div style="border: 1px solid black; padding: 2px; width: 40px; display: inline-block;">3.306</div> Nonpriority creditor's name and mailing address Cleveland Clinic London Trustees of the London Clinic Limited 20 London, W1G 6BW UNITED KINGDOM Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$2,794.38 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<div style="border: 1px solid black; padding: 2px; width: 40px; display: inline-block;">3.307</div> Nonpriority creditor's name and mailing address CLINICA CHILEMEX C.A. Edif. CEMCA, Chile Street with Antilla S Caracas, 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$2,801.75 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<div style="border: 1px solid black; padding: 2px; width: 40px; display: inline-block;">3.308</div> Nonpriority creditor's name and mailing address CLINICA DELGADO (AUNA) Medic Ser S.A.C., Calle Av. Angamos Oeste cdra. 4, Lima, 2002 PERU Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$18,875.01 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.309	Nonpriority creditor's name and mailing address CLINICA EL AVILA 6ta Transversal de, Av. San Juan Bosco, Caracas, 1060 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$121,159.15 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.310	Nonpriority creditor's name and mailing address CLINICA EL AVILA Av San Juan Bosco Edif Clinica El Avila Piso 6 Ofi Caracas, Miranda 1060 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,117.90 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.311	Nonpriority creditor's name and mailing address CLINICA SAN FELIPE S.A Av. Gregorio Escobedo 650, Jes s Mar a, 15072 PERU Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,018.14 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.312	Nonpriority creditor's name and mailing address CLINICA SANTA MARIA C.A Av. Paez. Calle 20 Y 21 Local 1 Sector Villa Pastora, Acarigua, Portuguesa 3301 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,476.70 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.313	Nonpriority creditor's name and mailing address CLINICA SANTA SOFIA F5F4+PXP, Caracas, Miranda 1061 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$21,652.06 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.314	Nonpriority creditor's name and mailing address Co-Plan Salud LLC P.O. Box 160190 Hialeah, FL 33016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$87.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.315	Nonpriority creditor's name and mailing address Cocogen Insurance Company, Inc 22F One Corporate Center Dona Julia Varg Pasig City, 1600 PHILIPPINES Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor <u>Global Benefits Group, Inc.</u> Name _____	Case number (if known) _____
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3.316	Nonpriority creditor's name and mailing address Cohasset Associates 12800 Whitewater Drive Ste100 Minnetonka, MN 55343 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.317	Nonpriority creditor's name and mailing address COI CENTRO ONCOLOGICO INTERNACIONAL SAPI Periferico Sur 5246, Pedregal de Carrasc Ciudad de M xico, CDMX 4700 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$23,572.64 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.318	Nonpriority creditor's name and mailing address Comcast 1701 JFK Boulevard Philadelphia, PA 19103-2838 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$1,264.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.319	Nonpriority creditor's name and mailing address Compass Office Solutions, LLC Compass Office Solutions 3320 Enterprise Way Miramar, FL 33025 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.320	Nonpriority creditor's name and mailing address Concur 62157 Collections Centre Drive Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$6,102.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.321	Nonpriority creditor's name and mailing address Connect C3 12915 SW 132 Street Unit #4 Miami, FL 33186 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.322	Nonpriority creditor's name and mailing address Constanza Quevedo AV. FRANCISCO DE MIRANDAEDIFICIO RORAIMA OFICINA Caracas, Miranda 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$9.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name _____	Case number (if known) _____
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3.323	Nonpriority creditor's name and mailing address Consultores 3G (Pedro Rojas) Pedro Rojas 15 calle 11-40 zona 10 Guatemala City, 01010 GUATEMALA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$141.06 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.324	Nonpriority creditor's name and mailing address Context 4 Healthcare, Inc 55 Shuman Blvd. Suite 650 NAPERVILLE, IL 60563 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.325	Nonpriority creditor's name and mailing address Copassa Incorporated 950 South Pine Island Rd Suite A-150 Fort Lauderdale, FL 33324 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$676.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.326	Nonpriority creditor's name and mailing address Coplasa Corretora De Seguros De Vida LTD Av Rio Branco 89-3 Andarl Centro, Rio De Janeiro 20040-004 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$197.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.327	Nonpriority creditor's name and mailing address Corozal Group Holdings Inc Nerine Chambers P.O. Box 905 Road Town Tortola, VG1110 BRITISH VIRGIN ISLANDS Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$53.56 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.328	Nonpriority creditor's name and mailing address Corporacion Argentum Us Ca Av. Blandin, Centro San Ignacio Piso 6, Office 606, Torre Copernico Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$415.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.329	Nonpriority creditor's name and mailing address Correa Financial Services LLC 1631 South Federal Hwy Apt 102 Pompano Beach, FL 33062 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$288.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Global Benefits Group, Inc.
Name

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3.330	Nonpriority creditor's name and mailing address Creative Assets, LLC 280 Holly St Ridgedale, MO 65739-9515 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.331	Nonpriority creditor's name and mailing address Cristian Newton Gomez GUADALUPE 5058-4, LOMAS DEL SEMINARIO Zapopan, Jalisco 405038 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$58.93</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.332	Nonpriority creditor's name and mailing address Cristina Cala Cefalo Calle La Piramide Res. Adriande Piso 3 Apto 3B Urb Caracas, Miranda 1073 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$155.41</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.333	Nonpriority creditor's name and mailing address Cristobal Benitez calle67 A No. 2G-82 ,Casa San Judas Tade Maracaibo, Zulia 4001 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$4,679.17</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.334	Nonpriority creditor's name and mailing address Crystal River Investments Group Rua Miranda Guerra, 733 S?o Paulo, S?o Paulo 04640-001 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$3,564.35</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.335	Nonpriority creditor's name and mailing address CT Corporation 140 Grand Street Suite 300 White Plains, NY 10601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.336	Nonpriority creditor's name and mailing address Cushman & Wakefield of Florida, Inc 4 Metrotech Center 7th Floor Brooklyn, NY 11245 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.337	Nonpriority creditor's name and mailing address CyberSource Corporation P.O. Box 8999 San Francisco, CA 94128-8999 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,435.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.338	Nonpriority creditor's name and mailing address Cynthia Reinelt 19 Buckthorn Rancho Santa Margarita, CA 92688 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.339	Nonpriority creditor's name and mailing address D`Leon Insurance & Financial Services In 8621 SW 93 Court Miami, FL 33173 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$123.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.340	Nonpriority creditor's name and mailing address Daimarys Ruiz 7875 SW 33rd Terrace , Miami, FL 33155 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.341	Nonpriority creditor's name and mailing address Daisy Morales 3252 SW 23rd Street Miami, FL 33145 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.342	Nonpriority creditor's name and mailing address Dallas Penagos 303 Southview Ct. Seneca, SC 29672 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.343	Nonpriority creditor's name and mailing address Dan Drennen - Travel Insurance Center 8420 W. Dodge Rd., Ste. 510 Omaha, NE 68114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$90.13 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.344	Nonpriority creditor's name and mailing address Daniel Alejandro Licitra Belluardo Calle 1 Urb Colinas de la tahona edf Cum Torre Al piso 1 apt 1-6 Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$284.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.345	Nonpriority creditor's name and mailing address Daniel Guidon Santa Ana, 125 metros norte de la, cruz Centro Commercial Terraflas local #1 San Jose, 10901 COSTA RICA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.346	Nonpriority creditor's name and mailing address Daniel Jesus Azuaje Cabanerio Ruta 9, Qta. 1014, Colinas de Santa Monica Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,918.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.347	Nonpriority creditor's name and mailing address Daniel Kivatinetz Freire 1753 ? 8 2 CABA, Buenos Aires 1426 ARGENTINA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,670.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.348	Nonpriority creditor's name and mailing address Daniel Owaldo Bizamon Lozada Urb Prebo, Ave andres eloy blanco c.c El pisol Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,220.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.349	Nonpriority creditor's name and mailing address Daniel Salomon Hacienda de las Golondrinas 25-101 Las Palmas, 57863 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,559.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.350	Nonpriority creditor's name and mailing address Daniela Minekava Ferreira Rua Batataes 333 Apt. 71 Sao Paulo, SP 01423-010 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.351	Nonpriority creditor's name and mailing address Daniela Thomopoulos de Ornellas Rua Protomora Bartira Mouran 531 Ap 502 Belo Horizonte, Minas Guais 30492-025 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$226.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.352	Nonpriority creditor's name and mailing address Danilo Blaichman Praga Benedito Cenquiro, 03/401 Rio de Janeiro, 22471-110 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$18.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.353	Nonpriority creditor's name and mailing address Danubio Consulting LTD 80 Main Street PO Box 3200 Road Town, Tortola 1110 BRITISH VIRGIN ISLANDS Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.354	Nonpriority creditor's name and mailing address Daria Elena Brito Zavala Av. Paseo Caroni, CC Caroni Plaza Mezz 1 Local 5 Puerto Ordaz, Bolivar 8050 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$143.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.355	Nonpriority creditor's name and mailing address Dario Radice McArthur 796 Case Souza Asuncion, 001415 PARAGUAY Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,243.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.356	Nonpriority creditor's name and mailing address David Beaty Somlo Rua Marquis de Sotara, 30, Ap. 131 Sao Paulo, S?o Paulo 05684-020 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$310.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.357	Nonpriority creditor's name and mailing address David Carter 65 Sukhumvit Soi13 Sub1- 1 Klongtoey Wattana Bangkok, 10110 THAILAND Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,218.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.358	Nonpriority creditor's name and mailing address David Cohen Corcia y/o Nanette Aschenber Av. Urdaneta, Edf. Doral Centro, Mezz. 8 Caracas, 1011 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$32,828.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.359	Nonpriority creditor's name and mailing address David Gunczler Pariente 20281 E Country Club Dr Apt 704 Aventura, FL 33180 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$745.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.360	Nonpriority creditor's name and mailing address David Hadida Av Romulo Gallegos Torre Poliprima Oficina 8B Caracas, Miranda 1071 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$104.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.361	Nonpriority creditor's name and mailing address David Robinson Santa Ana, 125 metros norte de la, cruz Centro Commercial Terrafla local #1 San Jose, 10901 COSTA RICA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.362	Nonpriority creditor's name and mailing address Dayami Portal 6885 W 3rd Avenue Hialeah, FL 33014 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.363	Nonpriority creditor's name and mailing address De Lage Landen Financial Services P.O. Box 41602 Philadelphia, PA 19101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$39,794.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.364	Nonpriority creditor's name and mailing address Debora Ganc Al. Talia, 63 Tabo?o da Serra, S?o Paulo 6794090 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$45.87 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.365	Nonpriority creditor's name and mailing address Deborah Zaclis Lagus RUA CONSELHEIRO BROTERO, 1.182 APTO 172 SANTA CECILIA S?o Paulo, S?o Paulo 01232-010 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$129.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.366	Nonpriority creditor's name and mailing address Dechert LLP 1095 Avenue of the Americas New York, NY 10036-6797 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.367	Nonpriority creditor's name and mailing address Demarest Av. Pedroso De Moraes 1201 Sao Paulo, 05419-001 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$946.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.368	Nonpriority creditor's name and mailing address Denisse Rivas 13100 SW 53rd Street Miramar, FL 33027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.369	Nonpriority creditor's name and mailing address Dennis Hurivitz RUA Sao Vicente De Paula 329 APTo 171 CE Sao Paulo, 01229-010 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,337.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.370	Nonpriority creditor's name and mailing address Derek Henry Willans Tozer Cmno de los Horneros, Altos de la Tahone Barros Blancos, Canelones 15500 URUGUAY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$24.66 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.371	Nonpriority creditor's name and mailing address Design & Promotions Corp. 12333 SW 132 Court Miami, FL 33186 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.372	Nonpriority creditor's name and mailing address Desiree Milian 16422 NW 82nd Place Miami Lakes, FL 33016 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.373	Nonpriority creditor's name and mailing address Deutlich SA Plaza Esquina Escazu, Tercer Piso, Del V San Jose de Escazu, San Jos 10201 COSTA RICA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,604.66 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.374	Nonpriority creditor's name and mailing address Dg International Consulting Services Ieuda Gammerman Rechov Itzhak Ben Nacho Jerusalem, 9103401 ISRAEL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,668.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.375	Nonpriority creditor's name and mailing address Dhruv Jain 88 E Wacker Pl. #3901 Chicago, IL 60601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.376	Nonpriority creditor's name and mailing address Diana De Valensi Sosa Calle AcueductoRes. Parque Penon Ap. 1-2 Caracas, Miranda 1080 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$68.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.377	Nonpriority creditor's name and mailing address Diane Yu 2507 Elkgrove Avenue Commerce, CA 90040 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.378	Nonpriority creditor's name and mailing address Digital Newage 9737 NW 41st Street Ste 1005 Miami, FL 33178 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$198.81 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.379	Nonpriority creditor's name and mailing address Diogenes Alberto Boutet Him Panama Greu House apt1-b Santa Panama City PANAMA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$138.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.380	Nonpriority creditor's name and mailing address DISA Services Sung Duk Kim 4 Huimango, 19 Gil Suseng-Gu Daegu, 42136 SOUTH KOREA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$259.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.381	Nonpriority creditor's name and mailing address Dismar Andreina Brito Raymond Calle C con Calle D, Res. Indiana, Piso 4, Apto. 4 Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$135.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.382	Nonpriority creditor's name and mailing address Dissinger Reed, LLC Dissinger Reed, LLC 8700 Indian Creek Parkway Suite 320 Overland Park, KS 66210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25,484.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.383	Nonpriority creditor's name and mailing address DLA Piper 500 8th Street NW Washington, WA 20004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,671.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.384	Nonpriority creditor's name and mailing address DOCTOR SALVADOR MEDINA GONZALEZ Y ASOCIA Camino de Sta. Teresa 1055-S, H roes de Ciudad de M xico, CDMX 10700 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$466.14 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.385	Nonpriority creditor's name and mailing address Domo, Inc. 772 East Utah Valley Drive American Fork, UT 84003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.386	Nonpriority creditor's name and mailing address Donn Osterlund 902 E. Bixby Road Long Beach, CA 90807 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.387	Nonpriority creditor's name and mailing address Dr AIDA REBECA MARQUEZ VALDEZ Guadalupe Victoria 9492, Zona Urbana Rio Tijuana Tijuana, 22010 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$890.19 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.388	Nonpriority creditor's name and mailing address Dr CARLOS NAVARRO BARRIGA Camino de Sta. Teresa 1055-S, H roes de Padierna Ciudad de M xico, CDMX 10700 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$731.41 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.389	Nonpriority creditor's name and mailing address Dr CARLOS PRADA SILVY Hosp De Clinicas Caracas, Piso 2 San Bernardino Caracas, 1061 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,120.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.390	Nonpriority creditor's name and mailing address Dr Carlos Rodriguez M Policlinica Metropolitana Piso 1 Caracas, 1062 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,040.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.391	Nonpriority creditor's name and mailing address Dr Enrique Marquez Berti POLICLINICA METROPOLITANA PISO 1 CONS 1G Caracas, 1061 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,090.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.392	Nonpriority creditor's name and mailing address Dr FELIPE DE JESUS MURILLO CERDA Calz San Pedro 121-2 piso, Miravalle, 6 Monterrey, N.L., 64660 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,437.83 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.393	Nonpriority creditor's name and mailing address Dr FLOR IVANA CONTRERAS ROJANO C flores Magon 7343 B, Zona Centro Tijuana, Baja California 22010 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,228.96 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.394	Nonpriority creditor's name and mailing address Dr GEORGE JIRJIS MAKDISSY SALOMON IF H 3 ENT 3 DEPTO 24 ALVARO OBREGON, L Ciudad de M xico CDMX 14629 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$498.80 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.395	Nonpriority creditor's name and mailing address Dr Hassan Elhassan The Kudos Buildings, Milton Keynes, MK5 8PA UNITED KINGDOM Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$445.51 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.396	Nonpriority creditor's name and mailing address Dr JESUS ALEJANDRO RUIZ MANRIQUEZ Avenida Insurgentes Sur 1673, Guadalupe Ciudad de M xico, CDMX 1020 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$576.62 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.397	Nonpriority creditor's name and mailing address Dr JORGE FAVRIN Cl nica GMSP - Torre de Consultorios, Piso 4, Consultorio 419, Av Circunvalaci Caracas, 1061 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,378.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.398	Nonpriority creditor's name and mailing address Dr JOSE GARCIA FERRER Centro Cl nico Familia. Torre Angi. V a Piso 1. Consultorio 1-A. Puerto Ordaz. E Caracas, 1062 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,650.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.399	Nonpriority creditor's name and mailing address Dr JOSE MANUEL PORTELA ORTIZ Camino de Sta. Teresa 1055-S, H roes de Ciudad de M xico, 10700 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,496.40 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.400	Nonpriority creditor's name and mailing address Dr JUAN ANTONIO LOPEZ CORVALA Paseo de los h roes 10999 int 903, Zona Rio Tijuana B.C., Tijuana, Baja California 22010 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,777.15 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.401	Nonpriority creditor's name and mailing address Dr Laura Gilkinson Twenty 20 Psychology, 104d High Road Eas London, N2 9EB UNITED KINGDOM Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$294.78 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.402	Nonpriority creditor's name and mailing address Dr MA DEL CARMEN LESPRON ROBLES Tecali 47-65, San Buenaventura, Tlalpan, Ciudad de M xico, 14629 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,573.21 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.403	Nonpriority creditor's name and mailing address Dr MANUEL ALEJANDRO MARQUEZ VALDEZ Av. Miguel Hidalgo 5503, Choferes, Tampico, Tamps. 89330 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,780.38 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.404	Nonpriority creditor's name and mailing address Dr MARCO ANTONIO ALTAMIRO CRUZ Av Cristobal Colon 93 DP 0101, Lomas Verdes 1 # SECC, Naucalpan de Juarez, 53120 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,691.84 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.405	Nonpriority creditor's name and mailing address Dr Marco Antonio Chavez Ramirez Campus Santa Fe Edificio: 212-214 Av. C Torre Central Piso: 2 Consultorio: Ciudad de M xico, 5300 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,524.81 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.406	Nonpriority creditor's name and mailing address Dr MARIANA STERLING PAMPLONA Av. Ej rcito Nacional Mexicano 7 Ver nic Ciudad de M xico CDMX 11300 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$391.60 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.407	Nonpriority creditor's name and mailing address Dr MARK MICHAEL WEKUNDAH SIBOE Lumen Square, Shivachi Rd, 3rd Floor, Suite 301, Nairobi, 100 KENYA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,609.64 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.408	Nonpriority creditor's name and mailing address Dr Michael Criswell Doctors Surgery, 6 Sloane Square, London, SW1W 8EE UNITED KINGDOM Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$410.39 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.409	Nonpriority creditor's name and mailing address Dr MIGUEL LORA MARTINEZ RET 1 AV TALLER 55 Jard n Balbuena Ciuda Ciudad de M xico, 15900 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$997.60 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.410	Nonpriority creditor's name and mailing address Dr MOISES MICHA MIZRAHI Campus Santa Fe, Tower: Torre Central, Floor: Piso 5, Av. Carlos Graef Fern nde Ciudad de M xico, 5300 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,683.21 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.411	Nonpriority creditor's name and mailing address Dr NORMA ALICIA TAPIA ESPARZA Av. Francisco I. Madero 1060, Segunda, Mexicali, B.C., 21100 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,768.17 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.412	Nonpriority creditor's name and mailing address Dr OSCAR CASTRO ARAGON Hospital CIMA, Torre 2, Consultorio 109 San Jos , 10103 COSTA RICA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$364.14 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.413	Nonpriority creditor's name and mailing address Dr PABLO SALVADOR SANTOSCOY AGUIRRE C. Ganaderos 5075 Jardines de Guadalupe, Zapopan, Jal. 45030 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,085.99 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.414	Nonpriority creditor's name and mailing address Dr PEDRO PELAEZ DAMY CIUDAD SATELITE NAUCALPANDE JUAREZ Cuidad Juarez, 53100 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,164.04 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.415	Nonpriority creditor's name and mailing address Dr RAFAEL OCHOA GARCIA Ubicaci n: Calle Chivacoa, Secci n San R Piso 1 ? Consultorio 11, Caracas, 1061 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,000.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.416	Nonpriority creditor's name and mailing address DR ROSHNI M. AJMERA Doctors Park, Third Parklands Avenue, Nairobi Central, 100 KENYA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$596.77 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.417	Nonpriority creditor's name and mailing address Dr SUNIL DARYANANI Hospital de Cl nicas Caracas Office 304, 3rd floor, Av. Pante n with Caracas, 1061 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$800.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.418	Nonpriority creditor's name and mailing address Dr SUSANA CRUZ PONCE C VALENTIN RUIZ PIMENTEL 474, COL LUCIO BAJA CALIFORNIA, 22701 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$104.02 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.419	Nonpriority creditor's name and mailing address Dr Teodor Goroszeniuk Interventional Pain Management & Neuromo London S, W5 0TU UNITED KINGDOM Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$242.74 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.420	Nonpriority creditor's name and mailing address DR-WALTER Versicherungsmakler GmbH // In EisenerzstraBe 34 Neunkirchen-Seelscheid, 53819 GERMANY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$22.06 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.421	Nonpriority creditor's name and mailing address Dr. Claudio A. Ramirez Cerda Edificio Principal, Av. Carlos Fernandez Ciudad de Mexico CDMX 5300 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,641.17 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.422	Nonpriority creditor's name and mailing address Dra LUCERO JANETT ORTIZ PACHECO C. Quer taro 58, Roma Nte., Cuauhtemoc Ciudad de Mexico, CDMX 6700 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,220.68 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.423	Nonpriority creditor's name and mailing address Dra Veronica Colin Espinosa la. Cda. del Deporte 26-Casa 5, Jesus del Monte, Jesus del Monte, Mx., 52764 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,685.56 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.424	Nonpriority creditor's name and mailing address Dual Group Exitos CA Av. 2 El Milagro Edif. Monaco P.7 Apto 7B Maracaibo Zulia, 4001 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$209.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.425	Nonpriority creditor's name and mailing address Duncan Milne 1201 Sorolla Avenue Coral Gables, FL 33134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.426	Nonpriority creditor's name and mailing address DWF Law LLP (Kiran Soar) 20 Fenchurch Street London, EC3M 3AG UNITED KINGDOM Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$673.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.427	Nonpriority creditor's name and mailing address Eagle Consulting Group 13644 Deering Bay Dr Coral Gables, FL 33158 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$33.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.428	Nonpriority creditor's name and mailing address Eastern America Insurance Agency, Inc Calle 1 lote 10 metro office park Guaynabo, PR 00969 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,993.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.429	Nonpriority creditor's name and mailing address Eastern America Insurance Agency, Inc Calle 1 lote 10 metro office park Guaynabo, PR 00969 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,993.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.430	Nonpriority creditor's name and mailing address Eba - Int One Financial Place STE 100 Lower Collym St Michael, BB11000 BARBADOS Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.431	Nonpriority creditor's name and mailing address Eba Insurances Torre Onix, Piso 1, Oficina 11, El Rosal Caracas Miranda, 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$404.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.432	Nonpriority creditor's name and mailing address Eco communication & packaging, LLC 1401 NW 78 Ave Doral, FL 33126 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.433	Nonpriority creditor's name and mailing address ECO Packaging Service LLC 1401 NW 78th Ave Doral, FL 33126 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.434	Nonpriority creditor's name and mailing address Edgar Eduardo Battistella Balbi Calle 13-1 Res Liuana Piso 3 Apt 33 La Urbina Caracas, 1042 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.435	Nonpriority creditor's name and mailing address Edgardo J Mini-Espejo 3500 SW 88TH ST SUITE 211A Miami, FL 33186 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$98.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.436	Nonpriority creditor's name and mailing address Edrey Nunes Pierre Rua Serra de Braganca, 1555 Apto. 237 A, Sao Paulo, Sao Paulo 03318-000 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$60.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.437	Nonpriority creditor's name and mailing address Edson Gonzalez Rojas Calle Carri Quinta Sinfonia La California Sur Caracas, 1071 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$259.42 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.438	Nonpriority creditor's name and mailing address Eduardo A. Lavandeira 41 SE 5 Street #907 Miami, FL 33131 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$223.87 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.439	Nonpriority creditor's name and mailing address Eduardo Carlos Pereira Playa Bonita Casa Bunita Apto 13G Vera Cruz Panama City PANAMA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,255.91 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.440	Nonpriority creditor's name and mailing address Eduardo Nogueira Gomes Pereira Rua Arandu 205-Cj 405/406 Brooklin Novo Sao Paulo, 04562-030 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$446.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.441	Nonpriority creditor's name and mailing address Eduardo Pazaran Alvarez 757 SW 16th Court Homestead, FL 33034-5681 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.442	Nonpriority creditor's name and mailing address Eduardo Rafael De Armas Fernandez Calle Bella Vista Edif La Vista Piso 4 apt 4-A Colinas De Los Caobos Caracas, 1050 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$46.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.443	Nonpriority creditor's name and mailing address Eduardo Rafael Torrendell Guayaquil 2075, uf 406 Grand bourg CP161 Buenos Aires, CP1615 ARGENTINA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$150.18 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.444	Nonpriority creditor's name and mailing address Eduardo Wilson Bar Av. Impelatiz Laopoldina 957 8A/A 1605 Sao Paulo, 05614.040 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$31.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.445	Nonpriority creditor's name and mailing address eFax Corporate J2 Cloud Services P.O. Box 51873 Los Angeles, CA 90051-6173 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.446	Nonpriority creditor's name and mailing address Efesus Investments Ltd Craigmuir Chambers, PO Box 71 Road Town Tortola, VG 1110 BRITISH VIRGIN ISLANDS Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$257.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.447	Nonpriority creditor's name and mailing address Elaine Farrar 1651 NE 115tb Street #23C Miami, FL 33181 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor <u>Global Benefits Group, Inc.</u> Name _____	Case number (if known) _____
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3.448	Nonpriority creditor's name and mailing address Elam Rafael Bravo Ramirez 22705 SW 126th Ave Miami, FL 33190 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$306.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.449	Nonpriority creditor's name and mailing address Elemento Creative LLC 18031 SW 89th Ct. Miami, FL 33157 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$150.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.450	Nonpriority creditor's name and mailing address Elena Camargo 10625 SW 112th Avenue #308 Miami, FL 33176 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.451	Nonpriority creditor's name and mailing address Elia Elizabeth Macias Barrera Ejercito Nacional 373-305, Col. Granada, Mexico City, CDMX 11520 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$18.83 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.452	Nonpriority creditor's name and mailing address Elisa Bolanos 21751 SW 98th Avenue Cutler Bay, FL 33190 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.453	Nonpriority creditor's name and mailing address Elizabeth Josefina Limongi Campos Urb. El Rosal, Av. Ayacucho, Res. Somar, Apto. 05 Chacao 1060 Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$594.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.454	Nonpriority creditor's name and mailing address Elizabeth Santanello 7 Walton Court Sicklerville, NJ 08081 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name _____	Case number (if known) _____
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3.455	Nonpriority creditor's name and mailing address Elizabeth Velasquez De Salume 1a Calle entre 89 y 91 Norte #4649 Col E San Salvador, 1101 EL SALVADOR Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$883.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.456	Nonpriority creditor's name and mailing address Elsa Benavides De Ruiz carrera 7C #127-72 Apto. 301 bogota, Cundinamarca 250240 COLOMBIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$777.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.457	Nonpriority creditor's name and mailing address Elseye Alcala 7045 SW 166th Place Miami, FL 33193 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.458	Nonpriority creditor's name and mailing address Emanuele Aparecida Coghi R. Prof. An bal Monteiro Machado, 345 Ri Sao Paulo, Sao Paulo 05361 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$46.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.459	Nonpriority creditor's name and mailing address Emiliano Perez 6357 SW 138th Place Miami, FL 33183 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.460	Nonpriority creditor's name and mailing address Emmanuel Lopez 4840 NW 7th Street Apt 411 Miami, FL 33126 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.461	Nonpriority creditor's name and mailing address Emmett Insurance Group 7700 North Kendrall Dr. Suite 411 Miami, FL 33156 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$84.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.462	Nonpriority creditor's name and mailing address ENDONASAL SOCIEDAD ANONIMA Escazu, 800 Oeste del Peaje Autopista Pr San Jose, 10903 COSTA RICA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,134.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.463	Nonpriority creditor's name and mailing address Eneida Rosa Diaz Av.El parque .Res Diamante 11 Apt 8B. U Caracas Capital district, 1040 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.464	Nonpriority creditor's name and mailing address Engage Health Group Kingsway House 134-140 Church Road Hove, BN3 2DL UNITED KINGDOM Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$244.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.465	Nonpriority creditor's name and mailing address Enrique Angel Garcia Bencono Av. Soublette, Res. Villa Savoya, Piso 9 Apto 9C Caracas Capital District, 1010 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6.37 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.466	Nonpriority creditor's name and mailing address Enrique Villegas Fernandez 1140 San Pedro Ave. Coral Gables, FL 33156 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.467	Nonpriority creditor's name and mailing address Enterprise Business & Services Corp. Torre Davila Unid 51-c, 5ta Av. Con 4ta Caracas, Miranda 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.468	Nonpriority creditor's name and mailing address Eoliberth Ali Suarez Plaza 1449 Capri Lane #6213 Weston, FL 33326 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.469	Nonpriority creditor's name and mailing address EQUIPOS ARTICULARES 1980 C.A Frente a EPA, Av San Martin, Calle 100 Caracas, 1020 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,510.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.470	Nonpriority creditor's name and mailing address ERGOTRONIC C.A 2011 Av. La Canterra, Qta. N4, Urb. Hacienda M Caracas, Miranda 1080 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,094.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.471	Nonpriority creditor's name and mailing address Erica Patricia Zapata Lopez cra 32 9 sur 60 Apt. 403, Torres del Castillo Medellin, 040018 COLOMBIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$108.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.472	Nonpriority creditor's name and mailing address Ernesto Geronimo Borgia CALLE DEL CANGILON RES CIMA QUEEN PISO 2 TORRE C APT C022 LA TAHONA Caracas, Miranda 1083 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.473	Nonpriority creditor's name and mailing address ERNESTO RIVAS VALENZUELA P. de los H roes, Zona Urbana Rio Tigua Tijuana, B.C. 22010 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$630.24 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.474	Nonpriority creditor's name and mailing address Ernst von Mecklenburg Strategic Alliance Ruggenstrasse 24, Birmensdorf, ZH CH8903 SWITZERLAND Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,858.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.475	Nonpriority creditor's name and mailing address Estudio Vazquez De Luca Renoir (Neruda y Miguel Angel) Punta del Este, Maldonado 20100 URUGUAY Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,643.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.476	Nonpriority creditor's name and mailing address Euracare Advanced Diagnostics and heart 24 Peter Ala Adjetey Ave, P.O. Box CT 1235 North Labone, Accra GHANA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$254.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.477	Nonpriority creditor's name and mailing address Euracare Advanced Diagnostics and heart 24 Peter Ala Adjetey Ave North Labone Accra, G534 R010 GHANA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$99.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.478	Nonpriority creditor's name and mailing address Eva Heide Enns Km. 5 Carr. Cuauhtemoc - A. Obregon S/N Cuauhtemoc, 31604 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.479	Nonpriority creditor's name and mailing address Evely Borges Da Silveira Av. Barao de Melgaco, 547, Apto 21 Sao Paulo, Sao Paulo 05614.040 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,182.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.480	Nonpriority creditor's name and mailing address Everest Eduardo Contramaestre Espinoza Urb. Miranda, Final Ave del Centro, Res Caracas Capital District, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$745.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.481	Nonpriority creditor's name and mailing address Evrial Ood Evrial Ood 3A Belovodski pat str. Sofia, 1616 BULGARIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.482	Nonpriority creditor's name and mailing address Expert Translators 6619 South Dixie Hwy. #562 Miami, FL 33143 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)	
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3.483	Nonpriority creditor's name and mailing address Expo Convention Contractors 15959 NW 15th Avenue Miami, FL 33169 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.484	Nonpriority creditor's name and mailing address Fabian Alexis Reales 274 wayne avenue Paterson, NJ 07502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$98.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.485	Nonpriority creditor's name and mailing address Fabio Luiz Donate Rua Nossa Senhora Das Mercês, 867, Apartamento 32 Sao Paulo, SP 05614.040 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$230.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.486	Nonpriority creditor's name and mailing address Fairbarn Enterprises 17555 Collins Ave Apt 2307 Sunny Isles Beach, FL 33160 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,816.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.487	Nonpriority creditor's name and mailing address Family Insurance Tae Il Ha 1113 Bisan-Dong, Dong Ahn-Gu Kodit Building, 6th Floor Ahn Yang City, Gyeong Gi-Do 710030 SOUTH KOREA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.488	Nonpriority creditor's name and mailing address Faridy Alexandra Rivero Moreno Av. Valencia Parpacen Ed. Automotores La Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$80.17 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.489	Nonpriority creditor's name and mailing address Fatima Cook 11401 SW 108th Avenue Miami, FL 33176 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.490	Nonpriority creditor's name and mailing address Federico Yanquez 10911 NW 79 Street Miami, FL 33178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.491	Nonpriority creditor's name and mailing address Federico A Vielledent 5825 Via Cuesta El Paso, TX 79912 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.492	Nonpriority creditor's name and mailing address Federico Patricio Valdes Ugalde Rousseau 14 60 Piso Col Anzurez Mexico City, CDMX 11590 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.493	Nonpriority creditor's name and mailing address Fedor Saldivia Morr Calle La Meseta Res. Las CumbresPiso 4 Apto. B4-DU Caracas Capital District, 1060 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$33.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.494	Nonpriority creditor's name and mailing address Felix Modesto Hernandez Vargas Ave Jose Maria Vargas Edi. Tiffany Palac Apt 3-A Caracas Distrito Capital, 1040 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.495	Nonpriority creditor's name and mailing address Felix Monclus Jr. 15992 SW 96th Terrace Miami, FL 33196 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.496	Nonpriority creditor's name and mailing address Ferber And Associates Lp 1330 Post Oak Blvd. Suite 1888 Houston, TX 77056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$88.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.497	Nonpriority creditor's name and mailing address Fernanda De Fatima Goulart Rua Cantagalo # 692, Tatuape, Sao Paolo, 03319-000 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$51.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.498	Nonpriority creditor's name and mailing address Fernanda Rossi 8373 NW 115 Court Doral, FL 33178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.499	Nonpriority creditor's name and mailing address Fernando Alfredo Siefken Amare Torre HumboldtOficina TE-04Av. R o Caura Caracas, Miranda 1080 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,803.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.500	Nonpriority creditor's name and mailing address Fernando Luis Garcia Gilardi M. Ezpeleta 757 Martinez, Buenos Aires 1640 ARGENTINA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$144.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.501	Nonpriority creditor's name and mailing address Fernando Tomazi - Agent, RA Brandon 217 Aragon Ave Coral Gables, FL 33134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$71.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.502	Nonpriority creditor's name and mailing address Financial External Corps Calle La Ceiba, Duplex 4B, Urb. La Caba Caracas Edo., Miranda 1040 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.503	Nonpriority creditor's name and mailing address First Achiever Consultants 307 Millenium Mall, Station Road, Bardol Surat Rural, Gujarat 394601 INDIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.504	Nonpriority creditor's name and mailing address First Choice Coffee Services 2909 Croddy Way Santa Ana, CA 92704 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$600.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.505	Nonpriority creditor's name and mailing address First Health Group Corp. C/o First Health Group Corp. 10260 Meanley Drive San Diego, CA 92131 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,137.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.506	Nonpriority creditor's name and mailing address Fisco International Ltd. ALLE B, CONJUNTO CIUDAD CENTER, TORRE E PISO 07, OFICINA 704E, BOLEITA N CARACAS, 1071 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$155.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.507	Nonpriority creditor's name and mailing address Five 9 4000 Executive Parkway Suite #400 San Ramon, CA 94583 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,714.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.508	Nonpriority creditor's name and mailing address Five Partners Advisors Sa Jaime Balmes #11 Torre B Piso 2-201H Plaza Polanco Mexico City, CDMX 11520 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,484.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.509	Nonpriority creditor's name and mailing address FL CLINICAL PRACTICE ASSOC 1329 SW 16th St Gainesville, FL 32608 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$34.25 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.510	Nonpriority creditor's name and mailing address Flavio Foresti Rua Volta Redonda 362 Sao Paulo, SP 04608-010 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$315.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name		Case number (if known)
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3.511	Nonpriority creditor's name and mailing address FloQast Inc 14721 Califa Street Sherman Oaks, CA 91411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.512	Nonpriority creditor's name and mailing address Flora Oppenheim Goldsmith 21205 Yacht Club Drive 1807 Aventura, FL 33180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$466.70
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3.513	Nonpriority creditor's name and mailing address Florandy Mendoza Pargas Calle San Jose, Edif. Amazonas, Piso 2 Apto. 7, Macaracuay Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.514	Nonpriority creditor's name and mailing address FLYNN FAMILY MEDICINE chulstra e 2, Ramstein-Miesenbach, 66877 GERMANY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.83
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3.515	Nonpriority creditor's name and mailing address Fminsurance - Oliver Financial Group LLC 252 Ave. Ponce de Leon San Juan, PR 00918 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,330.36
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3.516	Nonpriority creditor's name and mailing address Fminsurance CGF Insurance LLC 22 Avenida Gonzalez Giusti Caparra Office Cebter Guaynabo, PR 00968 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.01
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3.517	Nonpriority creditor's name and mailing address Fminsurance Frankie Martinez Puerto Rico PO Box 10804 San Juan, PR 00922 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79.30
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.518	Nonpriority creditor's name and mailing address Fminsurance Fulcro Insurance, Inc PO Box 9024048 San Juan, PR 00902 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,309.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.519	Nonpriority creditor's name and mailing address Fminsurance General Insurance Brokers In 1510 Ave. FD Roosevelt, Ste 11B2 Guaynabo, PR 00968 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.520	Nonpriority creditor's name and mailing address Fminsurance Gonzalez Laboy Insurance LLC 1357 Ashford Ave. Suite # 398 San Juan, PR 00907 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,908.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.521	Nonpriority creditor's name and mailing address Fminsurance Ikon Insurance Inc 270 Munoz Rivera Avenue, PH1 San Juan, PR 00918 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$94.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.522	Nonpriority creditor's name and mailing address Fminsurance Mariano Huerta Ortiz 453 Ave. Cesar Congalez San Juan, PR 00918 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$91.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.523	Nonpriority creditor's name and mailing address Fminsurance Noemi Perez Insurance Partne PO Box 195151 San Juan, PR 00919 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.524	Nonpriority creditor's name and mailing address Fminsurance Smart Insurance Agency 1510 Roosevelt Ave., Suite 9A1 Guaynabo, PR 00968 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$139.97 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.525	Nonpriority creditor's name and mailing address FORCE PHYSICAL THERAPY LLC 21000 NE 28TH AVE STE 104 AVENTURA, FL 33180-1421 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$295.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.526	Nonpriority creditor's name and mailing address Ford Allen 66 Widewater Road Hilton Head Island, SC 29926 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.527	Nonpriority creditor's name and mailing address Fortius Clinic 17 Fitzhardinge St London S, W1H 6EQ UNITED KINGDOM Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,508.63 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.528	Nonpriority creditor's name and mailing address Fortra, LLC 11095 Viking Dr, Suite 100 Eden Prairie, MN 55344 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.529	Nonpriority creditor's name and mailing address Fowler White Burnett PA (Mai-Ling medina 1395 Brickell Avenue 14th Floor Miami, FL 33131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,599.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.530	Nonpriority creditor's name and mailing address FPG Insurance Co., Inc Zuellig Building 6F Makati Ave Corner Pa Makati City, 1225 PHILIPPINES Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.531	Nonpriority creditor's name and mailing address Fps Advisers Av. S?o Gualter, 986 Alto de Pinheiros Sao Paulo, S?o Paulo 05455-001 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$55.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.532	Nonpriority creditor's name and mailing address Francesco Berlinguer 1056 NW 87th Avenue Apt 107 Miami, FL 33172 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.533	Nonpriority creditor's name and mailing address Francisco Carlos Santos 22771 SW 88th Place Cutler Bay, FL 33190 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.534	Nonpriority creditor's name and mailing address Francisco Edgar Da Silva Filho Rua Paulo Cesar de Andrade, No. 296 Apto. 302 Rio de Janeiro, Rio de Janeiro 222221-09 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$244.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.535	Nonpriority creditor's name and mailing address Francisco Magalhaes Fundao Avenida Epinacio Pessoa No. 2014, Apt. 901 Rio de Janeiro, Rio de Janeiro 22411-072 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,036.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.536	Nonpriority creditor's name and mailing address FRANCISCO MANUEL GONZALEZ SANCHEZ RUBIO Blvd. Aguacaliente #4558 Piso 17 Suite No. 1707 Tijuana B.C., 22014 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,096.53 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.537	Nonpriority creditor's name and mailing address Francisco Sanz Santa Ana, 125 metros norte de la, cruz San Jose, 10901 COSTA RICA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$159.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.538	Nonpriority creditor's name and mailing address Frankie Martinez Insurance PO BOX 10804 San Juan, FL 00922 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.539	Nonpriority creditor's name and mailing address Frankie Martinez Puerto Rico PO Box 10804 San Juan, PR 00922 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$79.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.540	Nonpriority creditor's name and mailing address Frankie Martinez Vargas PO Box 10804 San Juan, PR 00922 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,921.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.541	Nonpriority creditor's name and mailing address Frankie Martinez Vargas 1497 Marginal Pr-177 San Juan, PR 00926 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,073.12 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.542	Nonpriority creditor's name and mailing address Frima Sterental Cohn Rehov Hayarkon 272 Diram Telaviv, 6350411 ISRAEL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.543	Nonpriority creditor's name and mailing address Frontier International Group Inc. / New 27442 Portola Pkwy, Suite 350 Foothill Ranch, CA 92610 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,041.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.544	Nonpriority creditor's name and mailing address FTHTM INC 133 NE 2nd Ave #210 Miami, FL 33132 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$44.16 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.545	Nonpriority creditor's name and mailing address Fulcro Insurance, Inc. PO Box 9024048 San Juan, PR 00902 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,309.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.546	Nonpriority creditor's name and mailing address FUNDACION BANCO DE DROGAS ANTINEOPLASICA Avenida principal de Los Cortijos de Lou piso 2 oficina 26. Caracas, 1061 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,831.77 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.547	Nonpriority creditor's name and mailing address FUNDACION CARDIOVASCULAR DE COLOMBIA Calle 155A No. 23-58 Urbanizacion El Bos Santander, 681004 COLOMBIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$956.42 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.548	Nonpriority creditor's name and mailing address FUNDACION SANTA FE DE BOGOTA CARRERA 7 117 15 ENTRADA PRINCIPAL BARRI Distrito Capital de Bogota, 110111 COLOMBIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,647.24 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.549	Nonpriority creditor's name and mailing address FutureHealth, LLC. 95 Elm St West Springfield, MA 01089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.550	Nonpriority creditor's name and mailing address G Okamoto Dental Corporation 50 Bellefontaine St Ste 204 Pasadena, CA 91105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$168.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.551	Nonpriority creditor's name and mailing address Gabriel Brakha 4700 Sheridan St Ste J Hollywood, FL 33021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$205.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.552	Nonpriority creditor's name and mailing address Gabriela Cecilia Parra Moran 8355 NW 108 Ave Apt 729 Doral, FL 33178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$35.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.553	Nonpriority creditor's name and mailing address Gabriela Estefania Rodriguez Mendoza Av Rio Churubusco 601 Int 123 Colonia Xo Del. Benito Juarez Mexico City, CDMX 3330 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$353.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.554	Nonpriority creditor's name and mailing address Gabriela Knez 3179 NW 103rd Pl. Doral, FL 33172 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$52.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.555	Nonpriority creditor's name and mailing address Gabriela Serrano Rodriguez Av. Via Colombia, Conj. Resd. La Aldea, Puerto Ordaz, Bolivar 8050 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$179.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.556	Nonpriority creditor's name and mailing address Gabriella Grassi UFC Students VANTERPOOL PLAZA, 2ND FLOOR WICKHAMS CAY ROAD TOWN, TORTOLA, VG1110 BRITISH VIRGIN ISLANDS Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$64.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.557	Nonpriority creditor's name and mailing address Gaetano D'Emma Iemma Av. Bella Vista, Urb. Tonoro Villas, Cal Maturin Monagas, 6201 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$56.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.558	Nonpriority creditor's name and mailing address Gee Insurance & Financial Services BLOCK NO. 34 HOUSE NO. 6, EAST PATEL NAG SECOND FLOOR New Delhi, 110008 INDIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.559	Nonpriority creditor's name and mailing address General Insurance Brokers Inc 1510 Ave. FD Roosevelt Ste 11B2 Guaynabo, PR 00968 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.560	Nonpriority creditor's name and mailing address Genesis Insurance Brokers And Benefits C Queens Park East Port of Spain TRINIDAD AND TOBAGO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,625.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.561	Nonpriority creditor's name and mailing address Genesis Insurance Brokers And Benefits C Queens Park East Port of Spain TRINIDAD AND TOBAGO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,625.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.562	Nonpriority creditor's name and mailing address George Rodriguez 9 Hopi Court Freehold, NJ 07728 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.563	Nonpriority creditor's name and mailing address Georgia Stumpf 6301 NW 103rd psge Doral, FL 33178 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.564	Nonpriority creditor's name and mailing address GERARDO FRANCISCO ZAMBITO BRONDO Vialidad de la Barranca Lomas del Olivo Ciudad Mexico, 52787 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$589.39 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.565	Nonpriority creditor's name and mailing address Gertrude`s Garden Children?s Hospital Muthaiga Road, P.O. Box. 42325- Nairobi, 100 KENYA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$74.82 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.566	Nonpriority creditor's name and mailing address Getty Images 605 Fifth Avenue Suite 400 Seattle, WA 98104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.567	Nonpriority creditor's name and mailing address Getzler Henrich & Associates LLC 295 Madison Avenue 20th Floor New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.568	Nonpriority creditor's name and mailing address GFAI Administradora e Corretora de Segur Av. Francisco Matarazzo, 1752 - Sala 231 Cond. C Sao Paulo, 05614.040 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$36.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.569	Nonpriority creditor's name and mailing address Ghazal Insurance Ghazal Insurance Compan Kuwait Chamber of Commerce & Industry (K Second Floor, Safat, 13074 KUWAIT Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.570	Nonpriority creditor's name and mailing address Gigi Warren 11 Water Thrush Place Hilton Head Island, SC 29926 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.571	Nonpriority creditor's name and mailing address Gilberto Cano 15372 SW 10th Street Miami, FL 33194-2683 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.572	Nonpriority creditor's name and mailing address Gilmer Alexander Baisdem Perez Urb Terrazas del Caroni, CR La Azucenas Piso 3 Apto 3-4 Prolong. Av Guarapich Pa Puerto Ordaz, Guayana 8051 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$192.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.573	Nonpriority creditor's name and mailing address Giovanni Battista Menegon Stella Av. Italia Res. Palulu, Torre A, Apto 10 - B La Trigalena Valencia Carabobo, 2001 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$178.97 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.574	Nonpriority creditor's name and mailing address Giovanni Fabio Mascitti Di Felice Urb. Pan de Azucar, Quinta Flor del Camp Carrizal, Miranda 1203 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$209.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.575	Nonpriority creditor's name and mailing address Girls Inc of Orange County 1801 East Edinger Avenue Suite 255A Santa Ana, CA 92705 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.576	Nonpriority creditor's name and mailing address Giselle Alfonso 11 SW 32nd Avenue #3 Miami, FL 33135 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.577	Nonpriority creditor's name and mailing address Giuliano Fazzio Passini Corretora De Seg Rua Tutoia, 235 Sao Paulo, Sao Paulo 04007-000 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$29.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.578	Nonpriority creditor's name and mailing address Gladys Ponce De Leon Carrera 13 a # 90-21 of 310 bogota, Cundinamarca 11001000 COLOMBIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,360.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.579	Nonpriority creditor's name and mailing address Gladys Ramona Moros Nieto Urbanizacion Santa Maria Del Rosario Ca Villa del Rosario, Cucuta 902323 COLOMBIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc.	Case number (if known)	
Name			
3.580	Nonpriority creditor's name and mailing address Glamar Venturis Prieto Caraballo Carrera Guri torre cem Piso 1 ofic 1 alta vista Puerto ordaz Edo, bolivar 8050 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,223.32
3.581	Nonpriority creditor's name and mailing address Gleyfer Liz Cortes Colmenares Av. Ppal. Del Caribe, Edif. Laguna Beach Piso 5, Apto 5-F Caraballeda, Vargas 1165 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$202.04
3.582	Nonpriority creditor's name and mailing address GLOBAL DE SUMINISTROS OFFIEXPRESS AV 1 ENTRE CALLE 12 CC LOS SAMANES NIVEL Caracas, 1080 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,939.99
3.583	Nonpriority creditor's name and mailing address Global Future Vision Management Global Gateway 8, Rue de la Perle Provid Mahe SEYCHELLES Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$113.25
3.584	Nonpriority creditor's name and mailing address Global Healthcare Puxi Shanghai Shanghai Kerry Center, RM 301 1515 Nanji Shanghai, 20040 CHINA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$977.85
3.585	Nonpriority creditor's name and mailing address Global Help 4770 Biscayne Blvd Ste 980 Miami, FL 33137 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.586	Nonpriority creditor's name and mailing address Global Quality Insurance 10235 Grove Lane Cooper City, FL 33328 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.587	Nonpriority creditor's name and mailing address GLOBAL REACH RX 255 University Dr Coral Gables, FL 33134 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25,753.34 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.588	Nonpriority creditor's name and mailing address Global Wealth Services 801 Brickell Ave Ste 918 Miami, FL 33131 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$125.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.589	Nonpriority creditor's name and mailing address GLOBAMEDICA CORP 3645 WEST 16TH AV HIALEAH, FL 33014 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,272.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.590	Nonpriority creditor's name and mailing address Go Overseas Corp Rua Borges De Figueiredo, 303 CJ-808 Sao Paulo, S?o Paulo 03110-010 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$179.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.591	Nonpriority creditor's name and mailing address Goas & Associates Inc. PO BOX 360020 San Juan, PR 00936 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,757.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.592	Nonpriority creditor's name and mailing address Goas & Associates Inc. PO BOX 360020 San Juan, PR 00936 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,757.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.593	Nonpriority creditor's name and mailing address Golden Pegasus Limited R. Eng. Isaac Milder 374 Apt. 121 Vila Morumbi Sao Paulo, SP 05688-010 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,774.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.594	Nonpriority creditor's name and mailing address Golden Spring Inv Ltd 27051 TOWNE CENTRE DR LOS ANGELES, CA 90071 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.595	Nonpriority creditor's name and mailing address Golden Spring Inv LTD. Gral. Gomez Pedraza 11-3Col. San Miguel Mexico City, CDMX D.F. 11850 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,825.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.596	Nonpriority creditor's name and mailing address Golden Spring Investment LLC 21200 NE 38th Ave Apt. 2503 Aventura, FL 33180 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,971.37 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.597	Nonpriority creditor's name and mailing address Gonzalez Laboy Insurance LLC 1357 Ashford Ave. Suite # 398 San Juan, PR 00907 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,908.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.598	Nonpriority creditor's name and mailing address Gonzalo Antonio Santander Salazar Edificio Partagas, Urb. La Castellana, M Miranda, 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25,577.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.599	Nonpriority creditor's name and mailing address Gonzalo Esteban Poblete Chavarria Villarrica 1660, Casa 09 San Pedro de La Concepcion, 4130000 CHILE Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$164.66 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.600	Nonpriority creditor's name and mailing address GR Risk Partners Limited Rahul Misra 601 Liberty House, PO Box 482047 Dubai UAE Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,629.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.601	Nonpriority creditor's name and mailing address GradRight, Inc 1135 Grand Avenue, Apt 10 San Rafael, CA 94901 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$120.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.602	Nonpriority creditor's name and mailing address Grant Thornton LLP 33562 Treasury Center Chicago, IL 60694 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.603	Nonpriority creditor's name and mailing address Graziela Cardoso Piloni SHTN Trecho 1 Lote 2 Bloco 2 Apto 10 Asa Norte Brasilia, 70800/200 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$106.81 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.604	Nonpriority creditor's name and mailing address Green Coral International Ltd. AVENIDA JURUCE 552 - AP. #42 Sao Paulo, SP 04080012 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$243.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.605	Nonpriority creditor's name and mailing address Greentop Investment Inc. Av Romulo Gallegos, Ed. Poliprima, Piso 7, SantaEd Caracas Capital District, 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.606	Nonpriority creditor's name and mailing address Griseily Arias Garcia 12075 SW 18th Street #1 Miami, FL 33175 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.607	Nonpriority creditor's name and mailing address Groom Law Group Chartered 1701 Pennsylvania Ave NW Suite 1200 Washington, DC 20006 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,169.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.608	Nonpriority creditor's name and mailing address Grupo Aleph Hacienda de las Golondrinas 25-101 Hacie Huixquilucan, 52763 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.609	Nonpriority creditor's name and mailing address Grupo Fenam MX Abraham Credi Dabbah Ejercito Nacional 598, Piso 201 Tijuana, Baja California 11560 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$541.16 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.610	Nonpriority creditor's name and mailing address Grupo Fenam Mx Elias Hop Salame Ejercito Nacional 598, Col. Polanco Refo Mexico City, 11550 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.611	Nonpriority creditor's name and mailing address Grupo Fenam MX Grupo Fenam Av. Las Palmas #4800, Fracc. Las Palmas Tijuana, Baja California 11560 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$120.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.612	Nonpriority creditor's name and mailing address Grupo Fenam MX Grupo Fenam Av. Acacias 3633 Cubillas Tijuana Baja, California 22045 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.613	Nonpriority creditor's name and mailing address Grupo Fenam Procesadores De Informacion Horacio 1844, Piso 1, Col. Polanco I Seccion Miguel Hidalgo, Mexico City 11510 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$120.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.614	Nonpriority creditor's name and mailing address GRUPO MEDICO SANTA PAULA Urbanizaci n, Sector F, Av. Circunvalaci Caracas, 1061 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$21,165.86 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.615	Nonpriority creditor's name and mailing address GRUPO MEDIMOVIL 911, C.A. AV ARAURE CON CALLE RORAIMA QUINTANA LIN Caracas DISTRITO CAPITAL, 4001 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$224.05</u> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.616	Nonpriority creditor's name and mailing address Guido Antonio Pena CALLE CAMURI, RESD. DORALTA TORRE II PISO 2, APTO 31, URB. LOS CHORROS Caracas, Miranda 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$2,966.77</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.617	Nonpriority creditor's name and mailing address Gustavo Adolfo Rojas Requena Final Av. Ppal. El Bosque, Edif. Pichinc Piso 1 Chacaito Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1,161.35</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.618	Nonpriority creditor's name and mailing address Gustavo Adolfo Suarez Sarcos Av Milagros More Cuidad 2000 Villas cas Maracaibo, 4001 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$8.60</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.619	Nonpriority creditor's name and mailing address Gustavo Alonso Gil Rojas Urb. Caminos de Tanabana Calle 1, Casa 1 Cabudare, Lara 3023 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$780.59</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.620	Nonpriority creditor's name and mailing address Gustavo Antonio Rojas Green Av. La Estancia, Centro Banaven, Torre B Piso 1, Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$192.18</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.621	Nonpriority creditor's name and mailing address Gustavo Chelotti Reis av jose Candido de silveira 440 ap 601 Sagrada Familia, Belo Horizonte 31035-57 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$23.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.622	Nonpriority creditor's name and mailing address Gvinadze and Partners LLC 10 Melikishvili Street Tbilisi, 179 GEORGIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,783.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.623	Nonpriority creditor's name and mailing address Hamsa Group LLC Rua dos Jacarandas, 300/bloco 4, 1102 - Rio de Janeiro, Rio de Janeiro 22776050 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,552.56 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.624	Nonpriority creditor's name and mailing address Hansel Holding Limited Rua Templarios 730 Sao Paulo, 03357-000 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$111.58 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.625	Nonpriority creditor's name and mailing address Hansel Holdings Limited Avenida Marques de Sao Vicente, 2219-15 Sao Paulo, 05036-040 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$77.83 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.626	Nonpriority creditor's name and mailing address Hansel Holdings Limited Rua Cerro Cor , 585 Conj. 310 Torre 1 - Sao Paulo, SP 05061-150 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$340.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.627	Nonpriority creditor's name and mailing address Haydee Carolina Mendoza Balboa 2550 Citrus Tower Bv. #3207 Clermont, FL 34711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$121.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.628	Nonpriority creditor's name and mailing address Haylor, Freyer And Coon, Inc. Hfc Puerto 231 Salina Meadows Parkway Syracuse, NY 13212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$357.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.629	Nonpriority creditor's name and mailing address HCA Healthcare UK 2 Cavendish Square, Marylebone, London S, W1G 0PU UNITED KINGDOM Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,911.01 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.630	Nonpriority creditor's name and mailing address HECTOR MURRIETA GONZALEZ Sur 136 No. 116, Col. Las Am ricas, ?lva Cd. De Mexico, 1120 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,094.11 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.631	Nonpriority creditor's name and mailing address Heniek Laib 209-174 Street, Apt. 1908 Sunny Isle Beach, FL 33160 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$328.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.632	Nonpriority creditor's name and mailing address Hernan Ibaceta Romero 8750 NW 26 St Ste 550 PALM BEACH GARDEN Miami, FL 33178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$89.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.633	Nonpriority creditor's name and mailing address Hernan Ibaceta Romero 714 7TH CT. Palm Beach Gardens, FL 33410 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$397.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.634	Nonpriority creditor's name and mailing address Hfc Puerto Rico 231 Salina Meadows Parkway Syracuse, NY 13212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$357.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.635	Nonpriority creditor's name and mailing address Hilary Picardi 94 Anson Road Concord, MA 01742 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.636	Nonpriority creditor's name and mailing address Hilton Management, LLC (RENT) 902 Carnegie Center Suite # 400 Princeton, NJ 08540 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$127,271.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.637	Nonpriority creditor's name and mailing address Hilton-902 Carnegie Center, LLC (ELECTRI c/o Hilton Management, LLC 902 Carnegie Princeton, NJ 08541 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$980.12 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.638	Nonpriority creditor's name and mailing address HOSPITAL ALMATER Av. Fco. I. Madero 1060, Nueva, Mexicali, B.C. 21100 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$21,630.55 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.639	Nonpriority creditor's name and mailing address HOSPITAL ANGELES CHIHUAHUA HACIENDA DEL VALLE 7120 CHIHUAHUA, 31217 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$42,923.59 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.640	Nonpriority creditor's name and mailing address HOSPITAL CIMA SAN JOSE S.A. Escazu, 800 Oeste del Peaje Autopista Pr San Jose, 10903 COSTA RICA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$7,866.84 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.641	Nonpriority creditor's name and mailing address HOSPITAL CIMA SAN JOSE S.A. AUTOPISTA PR?SPERO FERN?NDEZ 800 SAN JOSE, 10203 COSTA RICA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$16,753.77 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.642	Nonpriority creditor's name and mailing address HOSPITAL CLINICA BIBLICA Calle Central y Ira. en medio de la Aven San Jose, 10903 COSTA RICA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,248.91 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.643	Nonpriority creditor's name and mailing address HOSPITAL DE LA MUJER Col Escalon CL Juan Jose Canas Entre 81 San Salvador, 1167 EL SALVADOR Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$24,146.26 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.644	Nonpriority creditor's name and mailing address HOSPITAL METROPOLITANO DEL NORTE Av Valencia, Sector la florida, Naguanag Carabobo, 2007 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,696.19 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.645	Nonpriority creditor's name and mailing address HOSPITAL METROPOLITANO SAN JOSE San Jos y Torre M dica: 300 m sur del c (Torre M dica Hospital Metropolitano). San Jose, 10903 COSTA RICA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$63,017.37 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.646	Nonpriority creditor's name and mailing address HOSPITAL PUNTA PACIFICA (ALL CENTERS) Pacific Boulevard and, Blvd. Pac fica, Panam , 801 PANAMA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,233.22 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.647	Nonpriority creditor's name and mailing address HOSPITAL PUNTA PACIFICA (ALL CENTERS) Avenida Costa del Sol Calle del Sol Town CIUDAD DE PANAMA PANAMA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,550.15 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc.	Case number (if known)	
	Name		
3.648	Nonpriority creditor's name and mailing address Hospital Ruber Juan Bravo Calle de Juan Bravo, 49, Salamanca, Madrid, 28006 SPAIN Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$241.58</u> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.649	Nonpriority creditor's name and mailing address HOSPITAL SAN JOSE TECNOLOGICO DE MONTEERR Ave. I. Morones Prieto #3000 pte., Colon Monterrey, Nuevo Leon 64710 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$23,758.85</u> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.650	Nonpriority creditor's name and mailing address Howard Ehrlich 1049 Grlendevon Drive Ambler, PA 19002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.651	Nonpriority creditor's name and mailing address Howden ACP Sigorta ve Reas rans Brokerli Maslak Mah. Maslak Meydan Sok. Beybi Giz Istanbul, 34485 TURKEY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.652	Nonpriority creditor's name and mailing address Howden Employee Benefits & Wellbeing Lim One Creechurch Place, EC3A 5AF London UNITED KINGDOM Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$628.83</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.653	Nonpriority creditor's name and mailing address HUB International 11516 Miracle Hills Drive Suite 100 Omaha, NE 68154 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.654	Nonpriority creditor's name and mailing address Hudson Int Inv LTD R. Visc. de Piraj 430/ 704 Ipanema, Rio de Janeiro 20560-001 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Global Benefits Group, Inc. Name		Case number (if known)
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3.655	Nonpriority creditor's name and mailing address Hugo Jares 6969 Collins Avenue, Apt 504 Miami Beach, FL 33141 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	_____ \$0.00 Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.656	Nonpriority creditor's name and mailing address Hugo Soljancic Tuyuti c/Monte Alto 170 Luque, 001415 PARAGUAY Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	_____ \$117.86 Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.657	Nonpriority creditor's name and mailing address Ibrahim Gonzalez Agb Insurance 2385 NW Executive Center Dr. #100 Boca Raton, FL 33431 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	_____ \$0.00 Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.658	Nonpriority creditor's name and mailing address ICG Company 5201 Blue Lagoon Drive 8th, 9th Floor Miami, FL 33126 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	_____ \$72.08 Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.659	Nonpriority creditor's name and mailing address Ideybis Goya 1111 Greenwood Avenue Labelle, FL 33935 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	_____ \$0.00 Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.660	Nonpriority creditor's name and mailing address IDP Education Limited Level 10, Melbourne Quarter 2 697 Coll Docklands Victoria, 03008-0000 AUSTRALIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	_____ \$123.95 Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.661	Nonpriority creditor's name and mailing address IFCG Inc 4770 Biscayne Blvd Ste. 950 Miami, FL 33137 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	_____ \$14,155.84 Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc.	Case number (if known)	
	Name		
3.662	Nonpriority creditor's name and mailing address Ignacio Garcia Insurance Services LLC PO Box 10059 Santurce Station San Juan, PR 00908 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.663	Nonpriority creditor's name and mailing address Ignacio Garcia Insurance Services LLC PO Box 10059 Santurce Station San Juan, PR 00908 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.664	Nonpriority creditor's name and mailing address IKNOW S.A.C. Jiron Jose Santos Chocano No 906 Los Olivos, 15301 PERU Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,110.00
3.665	Nonpriority creditor's name and mailing address Ikon Insurance Inc 270 Munoz Rivera Avenue, PH1 San Juan, PR 00918 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.15
3.666	Nonpriority creditor's name and mailing address Ilh Asesores Ca Centro Seguros La PazAV FRANCISCO MIRAND Caracas, Miranda 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.667	Nonpriority creditor's name and mailing address Infinity General Insurance Limited - Cam 126 Norodom Boulevard Phnom Penh, 12301 CAMBODIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.668	Nonpriority creditor's name and mailing address Insibs C.A. Avenida Las Delicias, C. Empresarial Eur Oficina 1-05Urb. La Floresta Maracay, Aragua 2102 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$118.10

Debtor <u>Global Benefits Group, Inc.</u>		Case number (if known) _____	
Name			

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.669</div> Nonpriority creditor's name and mailing address Insurance For Students 1690 S Congress Ave, Suite 101 Delray Beach, FL 33445 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,385.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.670</div> Nonpriority creditor's name and mailing address Insurexcellence Insurance Brokers Steve 24 Raffles Place 18-00 Clifford Center Singapore, 048621 SINGAPORE Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$75.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.671</div> Nonpriority creditor's name and mailing address Intelepeer Cloud Communications, LLC 155 Bovet Road Suite 405 San Mateo, CA 94402 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,055.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.672</div> Nonpriority creditor's name and mailing address Interact Intranet Inc. 21 West, 46th Street, 16th FL New York, NY 10036 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.673</div> Nonpriority creditor's name and mailing address Interamerican Financial Consulting Group 4770 Biscayne Blvd. Suite 950 Miami, FL 33137 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$19,120.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.674</div> Nonpriority creditor's name and mailing address Interamericana Advisors Old Av. Francisco de Miranda, Edificio Caven Caracas Capital District, 1050 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,848.97 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.675</div> Nonpriority creditor's name and mailing address Interbrokerage Insurance Group, Inc 1820 North Corporate Lakes Blvd. Suite 206 Weston, FL 33326 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$119.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.676	Nonpriority creditor's name and mailing address Interbrokers Insurance 19501 W Country Club Dr. APT 610 Aventura, FL 33180-2473 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.677	Nonpriority creditor's name and mailing address Interbrokers Insurance (Nirely Gonzalez) Prolongacion Calle T de Colinas de Valle Caracas Capital District, 1080 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$124.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.678	Nonpriority creditor's name and mailing address Interbrokers Insurance Ricardo Rosales 8750 NW 26 St. Ste. 550 Miami, FL 33178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$304.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.679	Nonpriority creditor's name and mailing address Interbrokers, Inc 7023 NW 113th Place Doral, FL 33178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.680	Nonpriority creditor's name and mailing address International Advisors Alameda Conde dos Arcos, 120 - Vila do C Nova Lima Minas Gerais, 34000-000 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$212.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.681	Nonpriority creditor's name and mailing address international Financial Protection Solut 19020 NW 57th Ave Apt 302 Hialeah, FL 33015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$92.89 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.682	Nonpriority creditor's name and mailing address International Total Agency Av. Francisco de Miranda, Edificio Caven Caracas Capital District, 1050 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,367.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.683	Nonpriority creditor's name and mailing address International Total Support Corporation Av. Blaudin Centro San Ignacio Torre Cop Piso 4 Oficina 403, Chaco Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$121.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.684	Nonpriority creditor's name and mailing address Internet4Associations 535 25th Avenue North St.Petersburg, FL 33704 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,174.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.685	Nonpriority creditor's name and mailing address Intertrade Inc 14460 Hampton Place Davie, FL 33325 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,299.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.686	Nonpriority creditor's name and mailing address Inversiones Animados 2012 XXI C.A. 3360 SW 27th ave apt 901 Miami, FL 33133 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.687	Nonpriority creditor's name and mailing address Iracema Gomes De Almeida Rua Joao Machado e Silva 278 - Vila Miam Sao Paulo, S?o Paulo 03254-040 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$72.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.688	Nonpriority creditor's name and mailing address Iris Noguera Nieves Av. Andres Bello. Resd. Los Palos randes Piso 1 Apto 8. Caracas, Miranda 1041 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.689	Nonpriority creditor's name and mailing address Iris Planejamento Rua 00 Rocio, 199 CJ 122 Vila Olimpia Sao Paulo, S?o Paulo 05614.040 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$229.03 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name		Case number (if known)
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3.690	Nonpriority creditor's name and mailing address Iron Mountain 2 Sun Court Norcross, GA 30092 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.691	Nonpriority creditor's name and mailing address Irving Javier Gomez Escalona Torre KLM, Piso 6 Los Palos Grandes Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.692	Nonpriority creditor's name and mailing address Isaac Rubinstein Altata 51 - Int 103, Colonia Hipodromo D Mexico City, CDMX 06100 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.693	Nonpriority creditor's name and mailing address Isabel Cecilia Bonetti De Puma urb prebo III Edif Tulum apto 3-a Valencia, Carabobo 2001 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$23.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.694	Nonpriority creditor's name and mailing address Isak Gwerzman Rua Jesuino Arruda, 325 Ap. 141 Sao Paulo, Sao Paulo 04532-080 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,070.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.695	Nonpriority creditor's name and mailing address ISARKLINIKUM SONNESTR 24-26 MUNCHEN, 80331 GERMANY Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$13,446.54 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.696	Nonpriority creditor's name and mailing address Isis Trochez 735 Flagami Blvd. Miami, FL 33144 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.697	Nonpriority creditor's name and mailing address Isli Del Carmen Lugo Padron AVENIDA FRANCISCO DE MIRANDA, URBANIZACI PISO 6, OFICINA 6G Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$406.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.698	Nonpriority creditor's name and mailing address Ivanna Cerda 335 Lowndes Avenue S Lehigh Acres, FL 33974 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.699	Nonpriority creditor's name and mailing address Ivette Matiauda Reuter Julio Correa 855 CI Stma Trinidad Asuncion, 001415 PARAGUAY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$722.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.700	Nonpriority creditor's name and mailing address Ivonne De Moreno Avenida Cristobal de Mendoza # 214Edific Santa Cruz de la Sierra, Santa Cruz Depa BOLIVIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,420.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.701	Nonpriority creditor's name and mailing address Ivonne Kibrit FUENTE DE JUPITER 19 COL TECAMACHALCO Mexico City, CDMX 53950 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,835.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.702	Nonpriority creditor's name and mailing address Jackie Pineres 15462 SW 32 Terrace Miami, FL 33185 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.703	Nonpriority creditor's name and mailing address Jacob Garzon 3822 Eagle Ct. Weston, FL 33331 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$571.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.704	Nonpriority creditor's name and mailing address Jadir Dimas Vasconcelos Fonseca Rua P Rua P Volta Redonda, Rio de Janeiro 27251183 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.705	Nonpriority creditor's name and mailing address Jaime Aharonov Cohen Av. Santos Erminy, Torre Mega II, Piso 6, Ofic. C, Caracas Capital District, 1050 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.706	Nonpriority creditor's name and mailing address Jaime Alegria Benarroch 19501 W Country Club Dr. APT 610 Aventura, FL 33180 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,647.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.707	Nonpriority creditor's name and mailing address James Edward Echeverria Perez Calle Cuchivero, Edificio Metropolitano, Piso 1, O Puerto Ordaz, Bolivar 8050 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$173.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.708	Nonpriority creditor's name and mailing address Jana Hull 2409 Fiproda St #3 Huntington Beach, CA 92648 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.709	Nonpriority creditor's name and mailing address Jane Zevon 26516 Granvia Drive Mission Viejo, CA 92691 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.710	Nonpriority creditor's name and mailing address Janet Baum Rua San Vicente de Paula 435 apt 141 Sao Paulo, SP 01229-010 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,670.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name _____	Case number (if known) _____
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3.711	Nonpriority creditor's name and mailing address Janexis Roca 14205 SW 149th Avenue Miami, FL 33196 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.712	Nonpriority creditor's name and mailing address Jaqueline Paes Rua "A", No 400 Rosa Machado Pirai Rio de Janeiro, 27175 000 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$287.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.713	Nonpriority creditor's name and mailing address Jasmine Dorce-Pagan 5227 NW 198th Terrace Miamia Gardens, FL 33055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.714	Nonpriority creditor's name and mailing address Jason Coker 1091 Dunvegan Road Florence, SC 29501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.715	Nonpriority creditor's name and mailing address Javier Alberto Contreras Calle Boyaca 2 Con resid miguel oteco S Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.716	Nonpriority creditor's name and mailing address Javier Francisco Iragorri Nucete Av. Norte Sur, #48, Entre esquinas de To Caracas, Miranda 1010 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.13 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.717	Nonpriority creditor's name and mailing address JCB Insurance Solutions 100 Howe Ave, Suite 260N Sacramento, CA 95825 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$684.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.718	Nonpriority creditor's name and mailing address Jean Louis 1421 NW 18th Drive, Apt 207 Pompano Beach, FL 33069 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.719	Nonpriority creditor's name and mailing address Jeanette Perez 756 Meadow Park Drive Minneola, FL 34715 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.720	Nonpriority creditor's name and mailing address Jeff White 400 Neighbors Drive Midland, NC 28107 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.721	Nonpriority creditor's name and mailing address Jenny Aismar Alvarado Munoz Av. Ginebra, entre calle Sicilia y Corce Caracas Capital District, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,575.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.722	Nonpriority creditor's name and mailing address Jenny Bradfield 19851 NW 78th Avenue Hialeah, FL 33015 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.723	Nonpriority creditor's name and mailing address Jessie Vazquez 735 Flagami BGlvd Miami, FL 33144 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.724	Nonpriority creditor's name and mailing address Jesus Gustavo De La Huerta Cervera 223 Via de San Ysidro Ste. 1 San Ysidro, CA 92173 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$146.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name _____	Case number (if known) _____
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3.725	Nonpriority creditor's name and mailing address Jesus Humberto Zambrano Perez Av. Francisco de Miranda, Edif. Las Luis Piso 2 Caracas, 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.726	Nonpriority creditor's name and mailing address Jesus Maria Mora Rivas Av. Libertador Edif. La Linea Torre B Piso 9, No 92 B La Florida Caracas, 1050 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$36.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.727	Nonpriority creditor's name and mailing address Jesus Maria Mora Rivas Av. Libertador Edif. La Linea Torre B Piso 9 No 92 B La Florida Caracas, 1050 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$219.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.728	Nonpriority creditor's name and mailing address Jesus Vicente 8138 NW 108 Ct. Doral, FL 33178 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.729	Nonpriority creditor's name and mailing address Jhonny Jose Lezama Centro Comercial Caroni, Plaza 3, Piso 4 Altavista Puerto Ordaz, Bolivar 8050 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$111.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.730	Nonpriority creditor's name and mailing address Jiahui International Hospital 88 Qinjiang Rd, Xuhui District, Shanghai, 200233 CHINA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$105.94 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.731	Nonpriority creditor's name and mailing address Jill Heathcott 31 Hopper Ridge Road Bluffton, SC 29909 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.732	Nonpriority creditor's name and mailing address Joe Freedman 24457 Jacks Drive Millsboro, DE 19966 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.733	Nonpriority creditor's name and mailing address Joel Downer 31 Armour Glades Drive Kingston, Kingston 8 JAMAICA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.734	Nonpriority creditor's name and mailing address Joel Tealer 115 Meadow View Dr. Doylestown, PA 18902 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.735	Nonpriority creditor's name and mailing address John Carlos Martinez Ocampo Urb Manzanares Calle Oeste Resd. Pque. M Apto 16-A Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.736	Nonpriority creditor's name and mailing address John Williams 9325 Lagoon Place, Apt. 101 Davie, FL 33324 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$832.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.737	Nonpriority creditor's name and mailing address Johnna Friddell 18 Anchor Bay Ct. Bluffton, SC 29910 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.738	Nonpriority creditor's name and mailing address Jon Rego 301 N. Hollywood Way, Apt F Burbank, CA 91505 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name		Case number (if known)
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3.739	Nonpriority creditor's name and mailing address Jorge Baladi Najas URB Las Trinitorias Colle 5 Oeste Casa 2 Monagas, 6201 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,768.09
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3.740	Nonpriority creditor's name and mailing address Jorge Antonio Loreto Sanchez Av. Andres Bello, Edifc Multicentro Los Caracas, Miranda 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133.80
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3.741	Nonpriority creditor's name and mailing address Jorge Enrique Quintero CARRERA 18#86A-14 bogota, Bogot D.C. 9999 COLOMBIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.24
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3.742	Nonpriority creditor's name and mailing address Jorge Jose Bassin Avilez Urbanizacion Villa Alianza Calle Fildael Puerto Ordaz, Bolivar 8050 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.00
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3.743	Nonpriority creditor's name and mailing address Jorge L. Barcelo 9941 NW 27th Terrace Doral, FL 33172 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.70
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3.744	Nonpriority creditor's name and mailing address Jorge Luis Guedez Issa 8255 Lake Dr. #403 Doral, FL 33166 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.75
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3.745	Nonpriority creditor's name and mailing address Jorge Massip Enriquez 11970 Tuttle Blvd. Miami, FL 33184 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.746	Nonpriority creditor's name and mailing address Jorge Mendoza 8810 Fountanbleu Blvd Apt 410 Miami, FL 33172 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.747	Nonpriority creditor's name and mailing address Jorge Orrantia 945 S. Mesa Hills #116 El Paso, TX 79912 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$109.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.748	Nonpriority creditor's name and mailing address Jorge Suarez 1040 Biscayne Boulevard, #4105 Miami, FL 33132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.749	Nonpriority creditor's name and mailing address Jose Luis Diaz, Interbrokers Insurance PO BOX 228450 Doral, FL 33222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$58.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.750	Nonpriority creditor's name and mailing address Jose Alberto Nasser Salomon INSURGENTES SUR 670-8COL.DEL VALLE Mexico City, CDMX 3100 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$77.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.751	Nonpriority creditor's name and mailing address Jose Antonio Olivares Rodriguez Urb. Colina de la Tahoar Edif La Avaig T Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$146.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.752	Nonpriority creditor's name and mailing address Jose Antonio Recao Roura Av. Blandin Centro San Ignacio Torre Cop Piso 4 Oficina 403, Chaco Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$70.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.753	Nonpriority creditor's name and mailing address Jose Carlos Mu oz Oronoz Pontevedra 202 Col. Las Sendas San Pedro Garza, Nuevo Leon 66233 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$194.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.754	Nonpriority creditor's name and mailing address Jose Enrique Vargas Hungria Av. Fco. De Miranda, Edif. Centro Plaza Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$583.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.755	Nonpriority creditor's name and mailing address Jose Gamaliel Valezco Gonzalez Campus Santa Fe Edificio: Torre Central Piso: 2 Consultorio: 212-214 Av. Carlos Cd. De Mexico, 5300 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,831.02 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.756	Nonpriority creditor's name and mailing address Jose Gregorio Rodriguez Garcia Calle 146, No. 22-256, Conjunto Santelmo Apto. 214, Sector Villa Campestre Florida Blanca, Santander 008001 COLOMBIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2.91 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.757	Nonpriority creditor's name and mailing address Jose Guillermo Narvaez Hernandez Av. Abraham Lincoln, Torre Centrum, Piso 3, Oficin Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$201.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.758	Nonpriority creditor's name and mailing address Jose Humberto Quintero Velasquez Conj. Resd. Ciudad Roca, Urb. Onix Casa Barquisimeto, Lara 3001 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$155.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.759	Nonpriority creditor's name and mailing address Jose Luis Bonnemaison 10861 SW 181st Lane Palmetto Bay, FL 33157 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$80.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.760	Nonpriority creditor's name and mailing address Jose Manuel De Urrutegui Arranz Av. Libertador, Conjunto Jardin Bello Ca Chacao, 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$173.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.761	Nonpriority creditor's name and mailing address Jose Mena 8642 Clardige Drive Miramar, FL 33025 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.762	Nonpriority creditor's name and mailing address Jose Paulo De Araujo Cunha Avenida Rouxinol, 463 conjunto 7 Sao Paulo, 04516-000 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$107.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.763	Nonpriority creditor's name and mailing address Jose Roberto Jacinto Franciscon Rua Jos Versolato 111 cj. 2008 S?o Bernardo do Campo, S?o Paulo 9750730 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$292.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.764	Nonpriority creditor's name and mailing address Joseba Amortegui Unfried Calle 87A #71-74 (Barrio Villa Carolina) Barranquilla, 901971 COLOMBIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$87.17 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.765	Nonpriority creditor's name and mailing address Josebel Ribeiro dos Santos Avenida Marques de Sao Vicente, 2219-15 Sao Paulo, 05036-040 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.766	Nonpriority creditor's name and mailing address Joseph Moses 12 Grenada Avenue, Federation Park Port of Spain, Port of Spain TRINIDAD AND TOBAGO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$182.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name _____	Case number (if known) _____
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3.767	Nonpriority creditor's name and mailing address Joseph Moses 12 Grenada Avenue Federation Park Port of Spain TRINIDAD AND TOBAGO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$182.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.768	Nonpriority creditor's name and mailing address Josephine M Kauffmann Casa Linda Court #7 Calle A Bayamon, PR 00959 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$97.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.769	Nonpriority creditor's name and mailing address Josephine M Kauffmann Casa Linda Court #7 Calle A Bayamon, PR 00959 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$97.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.770	Nonpriority creditor's name and mailing address Joy Mindlin 703 Waterford Way, Suite 560 Miami, FL 33126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.771	Nonpriority creditor's name and mailing address Jpg Associates Av. Circunvalacion del Sol, Sector F. Ce Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8.66 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.772	Nonpriority creditor's name and mailing address JQP Capital LLC 7239 NW 54th St. Miami, FL 33166 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$896.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.773	Nonpriority creditor's name and mailing address Juan Alvaro Lopez Hernandez Av. Guyana Torre Empresarial Bell, Piso 5 Oficina J Puerto Ordaz, Bolivar 8050 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor <u>Global Benefits Group, Inc.</u>		Case number (if known) _____	
Name			

3.774 Nonpriority creditor's name and mailing address Juan Carlos Bustillos Murillo Calle 37, #108, Piso 3, Zona Achumani La Paz, La Paz Department BOLIVIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.775 Nonpriority creditor's name and mailing address Juan Carlos De Lasa 100 Ocean Lane Drive, Apt. 302 Key Biscayne, FL 33149 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$51.41</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.776 Nonpriority creditor's name and mailing address Juan Carlos Ferreiro Neira AV. 8 QTA. GENE URB. ALTO PRADO CARACAS Caracas, Miranda 1080 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$15.54</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.777 Nonpriority creditor's name and mailing address Juan Carlos Recao Roura Av. Blandin Centro San Ignacio Torre Cop Piso 4 Oficina 403, Chacao Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$740.69</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.778 Nonpriority creditor's name and mailing address Juan Cornejo 15283 SW 89th Terrace Miami, FL 33196 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.779 Nonpriority creditor's name and mailing address Juan David Pelaez Londono Trans 23 No. 93 - 30 Apto. 303 Bogota, 110110 COLOMBIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$130.40</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.780 Nonpriority creditor's name and mailing address Juan Ignacio Targa Aranguren LAS MERCEDES, CALLE JALISCO EDF.LA COLON Caracas, MIRANDA 1080 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1,869.90</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.781	Nonpriority creditor's name and mailing address Juan Jose Ramirez Filipi Avenida Francisco de Miranda, Edif. Cave Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$133.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.782	Nonpriority creditor's name and mailing address Juan Macias 7313 Lost Shadow Court Las Vegas, NV 89131 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.783	Nonpriority creditor's name and mailing address Juana Nevarez Barraza 10309 SW 4th Street Miami, FL 33174 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.784	Nonpriority creditor's name and mailing address Judith E Proulx Inc. 107 Crescent Moon Drive Groveland, FL 34736 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.785	Nonpriority creditor's name and mailing address Juliana Naranjo Paredes Calle 121, No. 3A-20, Cerros de los Alpe bogota, 110110 COLOMBIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$72.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.786	Nonpriority creditor's name and mailing address Julieann Adams 10501 Hester Street Cypress, CA 90630 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.787	Nonpriority creditor's name and mailing address Julio Ismael Lugo Padron Av. Romulo Gallegos, Urbanizacion Sebuca Apto. 1f Municipio Sucre, Miranda 0212 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4.91 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.788	Nonpriority creditor's name and mailing address Julio Jose Chacon Esis Carretera Charallave Cua, Urb. Villa Fal Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$216.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.789	Nonpriority creditor's name and mailing address Juveni Lourdes Schons Rua Marques do pombal 1824 sala 302 - B Porto Alegre, RS 90540-000 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$173.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.790	Nonpriority creditor's name and mailing address Kaplan Financial Education PO BOX 935357 Atlanta, GA 31193-5357 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.791	Nonpriority creditor's name and mailing address Karelys Andreina Lopez Delfin Carretera Via Perija, Edif. Conjunto Lag Piso 2, Apto. 3-2C, Barrio Urdaneta El Silencio, Zulia 4001 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.792	Nonpriority creditor's name and mailing address Karen Coley 1448 Leegate Road, NW Washington, DC 20012 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.793	Nonpriority creditor's name and mailing address Karen Dinan 1508 Brynmar Oaks Circle Apex, NC 27539 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.794	Nonpriority creditor's name and mailing address Karen Fleites 5981 SW 156th Court Miami, FL 33193 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.795	Nonpriority creditor's name and mailing address Karla Maria Alonzo Paseo General Escalon, C.C. Villas Espan San Salvador, 1101 EL SALVADOR Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$379.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.796	Nonpriority creditor's name and mailing address Katherine Carolina Curtidor Cra 74 N 82-82 Torre A Apto 805 Bogota, 110110 COLOMBIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$109.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.797	Nonpriority creditor's name and mailing address Kathy Luo 11651 Cinema Drive Plainfield, IL 60585 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.798	Nonpriority creditor's name and mailing address Kelly Karina Gutierrez URB Valles de topacio etapa 3 Torre 2 Apt 22-1 San diego Carabobo, 2006 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$76.89 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.799	Nonpriority creditor's name and mailing address Ken Lentz c/o David Olson Law Group 23586 Calabasas Road, Suite 200 Calabasas, CA 91302 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.800	Nonpriority creditor's name and mailing address Kennedy Van der Laan Molenwerf 16, Amsterdam, 1014 BG Netherlands Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$693.17 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.801	Nonpriority creditor's name and mailing address Kenneth D Fields 573 Centerwood Dr. Tarpon Springs, FL 34688 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor <u>Global Benefits Group, Inc.</u> Name _____	Case number (if known) _____
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3.802	Nonpriority creditor's name and mailing address Kenneth Hamm Finlay Stewart 200 Biscayne Boulevard Way Miami, FL 33131 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$782.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.803	Nonpriority creditor's name and mailing address Kenneth Jose Betancourt 6102 NW 114th Ct., Unit 104 Dora, FL 33178 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$67.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.804	Nonpriority creditor's name and mailing address Keny Johan Ortiz Jaen Av. Ppal. Paseo Eraso, Resid. Orituco Pi Caracas, 1061 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.805	Nonpriority creditor's name and mailing address Kevin McCormick 1597 West Liberty Road Gridley, CA 95948 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.806	Nonpriority creditor's name and mailing address Kimberly Christiansen 9412 Rambler Drive Huntington Beach, CA 92646 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.807	Nonpriority creditor's name and mailing address Kocoon Investments Limited Rua Serafico de assis Carvalho ,103 M52 Sao Paulo, SP 05614.040 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$258.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.808	Nonpriority creditor's name and mailing address KPMG LLP 1501 N. Plano Rd Richardson, TX 75081 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.809	Nonpriority creditor's name and mailing address Kroll Associates, Inc. P.O.Box 847509 Dallas, TX 75284-7509 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.810	Nonpriority creditor's name and mailing address Kutak Rock LLP 8601 North Scottsdale Road Suite 300 Scottsdale, AZ 85253-2738 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$1,582.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.811	Nonpriority creditor's name and mailing address Kyc Company LTD. Ritter House 5th Floor PO Box 3200 Road Town, Tortola VG1110 BRITISH VIRGIN ISLANDS Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$308.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.812	Nonpriority creditor's name and mailing address Kyriba Corp 4435 Eastgate Mall #200 SanDiego, CA 92121 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$72,610.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.813	Nonpriority creditor's name and mailing address LABORATORY CORPORATION OF AMER. PO BOX 2210 Burlington, NC 27216 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$68.79 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.814	Nonpriority creditor's name and mailing address Lang and Lopez Global Partners Urb. Prebo, Calle 107-B, Quinta Los Jose Valencia, Carabobo 2001 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$54.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.815	Nonpriority creditor's name and mailing address Language Link 911 Main Street, Suite 10 Vancouver, WA 98660 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$198.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.816	Nonpriority creditor's name and mailing address Lara De Las Galaxias Rodriguez Astudillo Calle Avila, Casa 16-23, Urb. La Florida Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.817	Nonpriority creditor's name and mailing address Lara Jane Turkie Schnaider Rua Dos Caetes, 239, apto 121, Perdizes Sao Paulo, S?o Paulo 05016-080 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$57.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.818	Nonpriority creditor's name and mailing address Laura Enriquez 8866 West Flager Street #204 Miami, FL 33174 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.819	Nonpriority creditor's name and mailing address Laura Fernanda Correa Acosta Carrera 14 # 103-09 Carrera 14 # 103-09 Bogot , Bogot D.C. 111111 COLOMBIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$400.81 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.820	Nonpriority creditor's name and mailing address Laura Gabriela Croes Rondon Urb. Pan de Azucar, Qta. Flor del Campo Carrizal, Miranda 1203 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$754.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.821	Nonpriority creditor's name and mailing address Laura Goodman 501 Mercomatic Drive Nashville, TN 37209 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.822	Nonpriority creditor's name and mailing address Laura Holstine 200 E Randolph Street Chicago, IL 60601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.823	Nonpriority creditor's name and mailing address Lauren Gonzalez 7529 Garfield Street Hollywood, FL 33024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.824	Nonpriority creditor's name and mailing address LEAF P.O. BOX 5066 HARTFORD, CT 06102-5066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$48,264.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.825	Nonpriority creditor's name and mailing address Lee Bo Taek 6 Seonbugwangjangbuk-ro Ansan-si, Gyeonggi-do 15237-0000 SOUTH KOREA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$519.81 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.826	Nonpriority creditor's name and mailing address Legra Broker Vladimir Kipriansovsky Filip Vtori Makedonski no. 19/ I -25 Skopje, 1010 MACEDONIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.827	Nonpriority creditor's name and mailing address Leidy Arana-Gutierrez 15580 SW 137th Court Miami, FL 33177 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.828	Nonpriority creditor's name and mailing address Lemos Galvao Planejamento E Organizacao SIG Quadra 04 lote 75 Bloco A Sala 4-ME Bras lia Distrito Federal, 70.610-440 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$218.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.829	Nonpriority creditor's name and mailing address Lenis Del Valle Castillo Gonzalez Av. Luis do Camoes, Torre Xpress Piso 5 Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$28.66 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.830	Nonpriority creditor's name and mailing address Leon Avila Town Center One 8950 SW 74 Court, Suite 1407 Miami, FL 33156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,470.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.831	Nonpriority creditor's name and mailing address Leonardo Enrique Coutinho Gozaine Av ppa de yacural cujunmto residencial 1 torre6 apt 663 Barquisimeto, Lara 3001 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.832	Nonpriority creditor's name and mailing address Leonor Maria Guzman Herrera Urb. Las Cayenas, Manzana 6, Calle 4 #71 Monagas, 6201 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$108.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.833	Nonpriority creditor's name and mailing address Let me see It Inc. 1740 Jefferson Avenue Apt 9 Miami Beach,, FL 33139 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.834	Nonpriority creditor's name and mailing address Leticia Zuniga 13380 NE 16th Avenue North Miami, FL 33161 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.835	Nonpriority creditor's name and mailing address LeverEdge Association 6 Soldiers Field Park Unit 505 Boston, MA 02164 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$92.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.836	Nonpriority creditor's name and mailing address Levy Leonardo Lossada Belgrave Avenida B, Urbanizaci n La Carlota Edifi Piso 1 Apartamento 8 Caracas, Miranda 1071 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$27.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.837	Nonpriority creditor's name and mailing address LexisNexis 28544 Network Place Chicago, IL 60673 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.838	Nonpriority creditor's name and mailing address Leyda Lucia Valero Arboleda Calle 152 No. 54-39, Torre 5, Apartamento 819 bogota, Bogot D.C. 111156 COLOMBIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.839	Nonpriority creditor's name and mailing address Life Insurance Company of North America PO BOX 782447 Philadelphia, PA 19178-2447 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.840	Nonpriority creditor's name and mailing address Lighthouse Insurance Group Inc PMB 637, 1353 Rd. #19 Guaynabo, PR 00966 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,721.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.841	Nonpriority creditor's name and mailing address Lighthouse Insurance Group Inc PMB 637, 1353 Rd. #19 Guaynabo, PR 00966 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,721.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.842	Nonpriority creditor's name and mailing address Lilian Marcia Moura Rabinovitch Saturnino de brito , 583 apt 901 Praia do canto Espirito Santo, 29055-180 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$445.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.843	Nonpriority creditor's name and mailing address Liliana Valeria Giraldo Usuga Clle. 4, #28-58 Medellin, Antioquia 002001 COLOMBIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$59.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.844	Nonpriority creditor's name and mailing address Lina Portuondo 14205 SW 149th Avenue Miami, FL 33196 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.845	Nonpriority creditor's name and mailing address Linda DiBias 5 Cowdray Park Way Far Hills, NJ 07931 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.846	Nonpriority creditor's name and mailing address Linda Emperatriz Lara Blanco Calle Piramide, Edif. Posmo, Piso 3, PHC, Urbanizacion Miranda Petare Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8.66 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.847	Nonpriority creditor's name and mailing address LinkedIn Corporation 62228 Collections Center Drive Chicago, IL 60693-0622 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.848	Nonpriority creditor's name and mailing address Lisaurys Isabel Pierluissi Romero Av. Final Paseo Caroni, Conjunto Resd. L Puerto Ordaz, Bolivar 8050 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$109.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.849	Nonpriority creditor's name and mailing address Lisbeth Del Carmen Camacaro Colmenarez Carrera 17 entre Avenida 20 y Carrera 19 Edificio Oficina 2 Barquisimetro, Lara 3001 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.850	Nonpriority creditor's name and mailing address Lisbeth Lazaballet Vaquero 8660 NW 5 Terrace, Apt. 203 Miami, FL 33126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$130.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.851	Nonpriority creditor's name and mailing address Lisbeth Leonor Hernandez Mancilla Bloque 25, Piso 4, Letra H, Apto. 421, Zona Centra Caracas Capital District, 1030 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$35.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.852	Nonpriority creditor's name and mailing address Livia Bastos Salgado Campina Grande Campina Grande, Alagoas 58429140 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$40.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.853	Nonpriority creditor's name and mailing address Livingston Corporate Ventures Inc Avenida Marques de Sao Vicente, 2219-15 Sao Paulo, 05036-040 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$38.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.854	Nonpriority creditor's name and mailing address Livingston Corporate Ventures Inc Nerine Chambers PO BOX 905 Roadtown, Tortola VG1110 BRITISH VIRGIN ISLANDS Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$97.71 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.855	Nonpriority creditor's name and mailing address Liz Calamito 33 Haines Road Stockton, NJ 08559 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.856	Nonpriority creditor's name and mailing address Lizbeth Coromoto Belloso Quintero Torre Empresarial Claret, Piso 5, Oficina 5-8, Av. Sector Valle Fr Zulia, 4001 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$187.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.857	Nonpriority creditor's name and mailing address Lizney Camero 16121 SW 109th Avenue Miami, FL 33157 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.858	Nonpriority creditor's name and mailing address LJ Creative Group LLC 10060 SW 15 Terrace Miami, FL 33174 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.859	Nonpriority creditor's name and mailing address Lorena Paniagua 1727 SW 13th Street Miami, FL 33145 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.860	Nonpriority creditor's name and mailing address Lorena Velazquez Romero Jose Bonifacio Andrada 2669, Int. 6, Col Guadalajara, Jalisco 44657 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.861	Nonpriority creditor's name and mailing address Loyens & Loeff N.V. Blaak 31 Rotterdam, 3011 GA Netherlands Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$32,853.90 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.862	Nonpriority creditor's name and mailing address LRN Corporation 41 Madison Avenue 30th Floor New York N, NY 10010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,064.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.863	Nonpriority creditor's name and mailing address Lucas Porto Biasi Rua Conrad De Soest 52 Sao Paulo, 05614.040 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$212.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.864	Nonpriority creditor's name and mailing address Lucia Andrea Ioriatti Da Silva Padre Cacique 470/302 Praia De Bezas RS Porto Alegre, Rio Grande do Sul 05614.04 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$144.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name _____	Case number (if known) _____
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3.865	Nonpriority creditor's name and mailing address Luciana Lara Coral Rua Dr Martins de oliveira 312 Sao Paulo, 05638-030 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$389.37 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.866	Nonpriority creditor's name and mailing address Luciana Virginia Silva De Oliveira - Age Edificio at 3, Oficina 004 Zonamerica, Ruta 8, Km 17.50 Montevideo, 91600 URUGUAY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.867	Nonpriority creditor's name and mailing address Luciane Rivero 3512 NE 9th Street Homestead, FL 33033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.868	Nonpriority creditor's name and mailing address Luciene DaSilva 1798 SW Cabin Place Palm City, FL 34990 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.869	Nonpriority creditor's name and mailing address Lucrativa International Sa PUNTA PACIFICA CALLE PUNTA COLON TORRE 2 PISO 37 Panama City PANAMA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$84.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.870	Nonpriority creditor's name and mailing address Luis Alberto Alberto Caraballo Baquero Cr 72B No 62D-10 SurManzana 3 Interior 5 Apt 101 Bogot , Bogot D.C. 11001 COLOMBIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$27.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor <u>Global Benefits Group, Inc.</u>		Case number (if known) _____	
Name			
3.871	Nonpriority creditor's name and mailing address Luis Alberto Frias Rodriguez Calle 1, Residencias Club Cigaral, Torr Piso 4, Apto. 4C, El Cigaral Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$112.39</u>
3.872	Nonpriority creditor's name and mailing address Luis Avila Merino 2520 Coral Way, Suite 2-350 Miami, FL 33145 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$927.83</u>
3.873	Nonpriority creditor's name and mailing address Luis Beltran Carvajal Zerpa 20719 Creston Acres Lane Cypress, TX 77433 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$635.89</u>
3.874	Nonpriority creditor's name and mailing address Luis David Balza Alvarez CALLE EL CALVARIO RESIDENCIAS MARGARITA PAMPATAR, MUNICIPIO MANEIRO. Nueva Espar VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,070.33</u>
3.875	Nonpriority creditor's name and mailing address Luis Eduardo Chavez Diaz Calle Carabobo, Quinta Palma, Local N1, Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$78.20</u>
3.876	Nonpriority creditor's name and mailing address Luis Fernando Perez Calle La Subidita, Qta. Mamelia, Sector Maracay, 2102 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.877	Nonpriority creditor's name and mailing address Luis Guillermo Betancourt Calle Juan Iturde Qta Los Beltran. Urb S Caracas, 1080 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,216.24</u>

Debtor <u>Global Benefits Group, Inc.</u> Name _____	Case number (if known) _____
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3.878	Nonpriority creditor's name and mailing address Luis Javier Lardizabal Arellano Benito Juarez 1 San Pedro Totaltepec, Toluca, Mexico 60226 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$172.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.879	Nonpriority creditor's name and mailing address Luis Martin Pereira Correa Urb Mazanares cerro cima real apt91 Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$139.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.880	Nonpriority creditor's name and mailing address Luis Michel Lenero Garcia Valle Del Silicio 150-32 Col. Nuevo Gali Tlajomulco, Jalisco 45645 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.881	Nonpriority creditor's name and mailing address Luis Quinones 6900 NE 5th Avenue Miami, FL 33138 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.882	Nonpriority creditor's name and mailing address Luisa Galofre 4486 W Whitewater Av Weston, FL 33332 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$661.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.883	Nonpriority creditor's name and mailing address Luiz Alberto Cavallari De Andrade 1000 Brickell Avenue, Suite 1200 Miami, FL 33131 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$403.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.884	Nonpriority creditor's name and mailing address Luiz Alberto Teixeira Gonsalves AV Ginebra , entre calle sicilia y corce Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,605.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name		Case number (if known)
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3.885	Nonpriority creditor's name and mailing address Luiz Antonio Ferreira Guzzardi Rua Ministro Godoi 313 Ap. 32 Sao Paulo, S?o Paulo 05614.040 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$101.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.886	Nonpriority creditor's name and mailing address Luiz Eduardo Valenzuela Saldivia Av Lara Edificio Atrium Piso 3 #3-E barg Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$785.95 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.887	Nonpriority creditor's name and mailing address Luiza Camm 7984 114th Place Medley, FL 33178 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.888	Nonpriority creditor's name and mailing address Lumen 1025 Eldorado Blvd. 42C-102 Broomfield, CO 80021 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$32,171.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.889	Nonpriority creditor's name and mailing address Lupe Romero 150 Bowie Drive Paige, TX 78659 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.890	Nonpriority creditor's name and mailing address Lyda Janneth Alzate Palacio Cl1 78 sur # 40-255. Edificio Montana In Sabaneta, Antioquia 901824 COLOMBIA Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$34.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.891	Nonpriority creditor's name and mailing address Lyen Rodriguez 17715 NW 55th Court Miami Gardens, FL 33055 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor <u>Global Benefits Group, Inc.</u> Name _____	Case number (if known) _____
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3.892	Nonpriority creditor's name and mailing address Lynn Mirante 105 Argyll Ct. Downingtown, PA 19335 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.893	Nonpriority creditor's name and mailing address M. Arthur Gensler, Jr. & Associates, Inc 4541 Collection Center Drive Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.894	Nonpriority creditor's name and mailing address Mackenzie Taylor Benefits - GBE (GBP) Ki 13 Caroline Point, 62 Caroline Street Birmingham, B1 3DB UNITED KINGDOM Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.895	Nonpriority creditor's name and mailing address Maikel Garcia 703 Waterford Way, Suite 560 Miami, FL 33126 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$25.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.896	Nonpriority creditor's name and mailing address Major Group 14001 NW 4th Street 212 Pembroke Pines, FL 33028 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.897	Nonpriority creditor's name and mailing address Major Group LLC 572 Lakeside Cir Weston, FL 33326 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.898	Nonpriority creditor's name and mailing address Maltby Associates LLC 335 S Biscayne Blvd #2009 Miami, FL 33131 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.899	Nonpriority creditor's name and mailing address Manuel Mondragon 24731 SW 109th Avenue Homestead, FL 33032 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.900	Nonpriority creditor's name and mailing address Mara Plut Avenida Marques de Sao Vicente, 2219-15 Sao Paulo, Sao Paulo 05036-040 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$65.71 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.901	Nonpriority creditor's name and mailing address Marcela Nu ez Calle Toledo No. 12 B Las Palmas Santa Cruz BOLIVIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$47.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.902	Nonpriority creditor's name and mailing address Marcelo Passos 801 Brickell Ave. Suite 914 Miami, FL 33131 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$738.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.903	Nonpriority creditor's name and mailing address Marcelo Rea Avenida Marques de Sao Vicente, 2219-15 Sao Paulo, SP 05036-040 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$46.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.904	Nonpriority creditor's name and mailing address Marcelo Sellmann Avenida Maringa, 813, Saca 704 Londrina, Parana 86060-000 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,356.83 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.905	Nonpriority creditor's name and mailing address Marcelo Zani Giuzio Rua Guarara 298 Apto 141 Sao Paulo, Sao Paulo 05614.040 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$980.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.906	Nonpriority creditor's name and mailing address Marcia Araujo 8890 SW 220th Labe Cutler Bay, FL 33190 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.907	Nonpriority creditor's name and mailing address Marcio C Diniz Av Regente Feijo CJ 201 B Sao Paulo, Sao Paulo 03342-000 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$254.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.908	Nonpriority creditor's name and mailing address Marco Fabio Gelpi 1172 South Dixie Hwy #412 Coral Gables, FL 33146 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$34.71 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.909	Nonpriority creditor's name and mailing address Marcos Antonio De Oliveira RUA JAIME PRIES MARTINS 63 CARAPRICUIBA, SP 06350 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$159.11 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.910	Nonpriority creditor's name and mailing address Marcos Leandro Trujillo Alameda Dos Castelos, 24, Condominio Vil Sao Paulo, S?o Paulo 12903-459 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$129.09 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.911	Nonpriority creditor's name and mailing address Marcos Rafael Gambus Zambrano Av Principal de san Luis Torre Mayo Piso 7 oficina 74 El Cafetal Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$274.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.912	Nonpriority creditor's name and mailing address Margaret McGannon 407 Belmont Ave. Haddonfield, NJ 08033 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.913	Nonpriority creditor's name and mailing address Margherita Dantas 3313 Merrick Lane Margate, FL 33063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.914	Nonpriority creditor's name and mailing address Maria Alejandra Domaniczky Garcia de Zun Melvin Jones 650 Asuncion, 001415 PARAGUAY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$137.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.915	Nonpriority creditor's name and mailing address Maria Alicia Panting Ave Teotl y Pje Teopantli # 22Col. Cumb San Salvador, San Salvador 1101 EL SALVADOR Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25.09 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.916	Nonpriority creditor's name and mailing address Maria Antonieta Virgen Velez Traversal 38 #71 - 147, Apto. 501 Bogota, 110110 COLOMBIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$413.71 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.917	Nonpriority creditor's name and mailing address Maria Araos 16392 SW 53rd Terrace Miami, FL 33185 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.918	Nonpriority creditor's name and mailing address Maria Auxiliadora Ramirez Dorante Av. Del Avila, Res. Altamira Sur, Torre Piso 6, Urb. Altamira Sur Chacao, Miranda 1060 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$99.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.919	Nonpriority creditor's name and mailing address Maria Blanco 600 NW 107th Avenue, Apt 10 Miami, FL 33172 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor <u>Global Benefits Group, Inc.</u> Name _____	Case number (if known) _____
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3.920	Nonpriority creditor's name and mailing address Maria Carolina Ortiz de Dominguez Calle San Marino Resd. Verona Apto 32 Campo Alegre Chacao Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$125.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.921	Nonpriority creditor's name and mailing address Maria Carolina Vasquez Ave. Cordillera de la CostaQuinta Varade Caracas, Miranda 1080 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.922	Nonpriority creditor's name and mailing address Maria Claudia Ferreira Bastos Rua Traipu, 568, Ap 61 Sao Paulo, S?o Paulo 05614.040 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$104.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.923	Nonpriority creditor's name and mailing address Maria Cristina Garcia De Zuniga Melvin Jones 650 Asuncion, 001415 PARAGUAY Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,072.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.924	Nonpriority creditor's name and mailing address Maria de los Angeles Cruz de Magno Calle 77 #2-175 Edificio Kavanayen Apt 14 Maracaibo, 4001 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$151.03 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.925	Nonpriority creditor's name and mailing address Maria Del Carmen Morales Ramirez Insurgentes Sur 1548 Anexo 2, Colonia cr Benito Juarez, 3940 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$37.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.926	Nonpriority creditor's name and mailing address Maria Del Carmen Teran 113 W G St #610 San Diego, CA 92101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$38.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.927	Nonpriority creditor's name and mailing address Maria del Pilar Avendano Cisneros San Fernando 157 Dpto 101 Miraflores Lima, 15074 PERU Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$69.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.928	Nonpriority creditor's name and mailing address Maria Elizabeth Aparecido Martinelli Rua/Avenida Rouxinol No. 438 Apto 64 Sao Paulo, 04516-000 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$133.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.929	Nonpriority creditor's name and mailing address Maria Elsa Ortiz De Mendoza Bruno Guggiari 671 Lambare Central, 001415 PARAGUAY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$192.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.930	Nonpriority creditor's name and mailing address Maria Eugenia Pinto Ortega Urb. Lomas del Country Guatapero Conj. # Valencia, Carabobo2001 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.931	Nonpriority creditor's name and mailing address Maria Fernanda Zuluaga Consuegra Caracas Caracas Capital District, 1050 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,229.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.932	Nonpriority creditor's name and mailing address Maria Gabriela Delgado Romero Urb. El Rosal, Calle Boyaca, Edif. Oasis Piso 3, Apto 31 Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$51.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.933	Nonpriority creditor's name and mailing address Maria Gabriela Estaba De Tezier 500 Brickell Ave. Apt. 2208 Miami, FL 33131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$37.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)
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3.934	Nonpriority creditor's name and mailing address Maria Gladys Ruttia Ostertag Campos Cervera 4884 esquina Teniente Zot Asunci n, Asunci n (capital) 001415 PARAGUAY Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$197.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.935	Nonpriority creditor's name and mailing address Maria Idalina Rodriguez Res. Los Bambues Urb. La Boyera Apto. 21-B Piso 2 Miranda, 1071 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$290.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.936	Nonpriority creditor's name and mailing address Maria Ines Kent 4770 Biscayne Blvd STE 980 Miami, Florida 33137-0000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.937	Nonpriority creditor's name and mailing address Maria Irene Da Silva Ave Guaratari II Quinta. Urb Maracuay, Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$141.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.938	Nonpriority creditor's name and mailing address Maria Isabel Frug R Franco Da Rocha, 137 S/32 Sao Paulo, 05015-040 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,048.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.939	Nonpriority creditor's name and mailing address Maria Lucia Mendes Alves Pereira Pra a Gabrile Martins 77 Apto 502 Londrina, Paran 86010010 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.940	Nonpriority creditor's name and mailing address Maria Lucia Padilha Fialdini Rua Capote Valenete 411 Apto. 902 Sao Paulo, S?o Paulo 05614.040 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$106.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name _____	Case number (if known) _____
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3.941	Nonpriority creditor's name and mailing address Maria Luisa Di Marzio Avenida Tacagua La Guaira, 1162 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$57.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.942	Nonpriority creditor's name and mailing address Maria Mendez Perez 2950 SW 3rd Avenue, Apt 4A Miami, FL 33129 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.943	Nonpriority creditor's name and mailing address Maria Milagro Pastrani Ocanto Urb. Colinas Parque Caiza Torre G, Piso 1 Apt 1-3 Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.944	Nonpriority creditor's name and mailing address Maria Pascual 5577 NW 194th Lane Miami Gardens, FL 33055 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.945	Nonpriority creditor's name and mailing address Maria Soledad Pita Gonzalez Ciudad de la Paz 1376 C 1426 Buenos Aires, Buenos Aires 1426 ARGENTINA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.946	Nonpriority creditor's name and mailing address Maria Urribarri-May 759 SW 121st Avenue Pembroke Pines, FL 33025 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.947	Nonpriority creditor's name and mailing address Maria Yoshika 14724 SW 108th Terrace Miami, FL 33196 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Global Benefits Group, Inc. Name	Case number (if known)	
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3.948	Nonpriority creditor's name and mailing address Mariana Arraga Av Sarmiento 2662/402 Montevideo, 11100 URUGUAY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$773.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.949	Nonpriority creditor's name and mailing address Mariana Rodriguez 9135 SW 125th Avenue, #402P Miami, FL 33186 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.950	Nonpriority creditor's name and mailing address Mariana Trigo Valdivia Mallasilla Calle 1 #5A La Paz, La Paz Department BOLIVIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$575.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.951	Nonpriority creditor's name and mailing address Mariano Huerta Ortiz 453 Ave. Cesar Congalez San Juan, PR 00918 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$91.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.952	Nonpriority creditor's name and mailing address Maricio Jofre 10320 SW 103rd Terr Miami, FL 33176 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.953	Nonpriority creditor's name and mailing address Marie Nguyen 1121 W Chateau Avenue Anaheim, CA 92802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.954	Nonpriority creditor's name and mailing address Marielena Cruz Van Der Laat Cumidabat, de McDonald`s 200 mts Sur, 75 San Jose, 10201 COSTA RICA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name _____	Case number (if known) _____
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3.955	Nonpriority creditor's name and mailing address Marina Teresita Alvarez Rivolta Av. Argimiro Bracamonte Edificio Buenos Piso 3 Apt. 3 Barquisimeto, Lara 3001 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$147.18 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.956	Nonpriority creditor's name and mailing address Mario Aprile Tayar Rua Borges Lagoa 977/31 Sao Paulo, 05614.040 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$48.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.957	Nonpriority creditor's name and mailing address Mario Gaspar De Alba 5731 Cromo Drive El Paso, TX 79912 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$14.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.958	Nonpriority creditor's name and mailing address Mario Levy Jafif Rua Santa Clara 330 apt 702 Rio de Janeiro, Rio de Janeiro 22041-012 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$342.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.959	Nonpriority creditor's name and mailing address Mario Ricardo Seijas Vegas Ave. Terepaima Urb. Balcones de la Colin Casa #3 Barquisimetro, Lara 3001 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$143.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.960	Nonpriority creditor's name and mailing address Mariol Del Valle Medina De Barrios 500 SW 145th Ave. Apt. 347 Pembroke Pines, FL 33027 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.961	Nonpriority creditor's name and mailing address Mark Tomaszewski 5 Verano Foothill Ranch, CA 92610 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.962	Nonpriority creditor's name and mailing address Marlene De Ycaza 671 Ilyssa Way Staten Island, NY 10312 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.963	Nonpriority creditor's name and mailing address Marsh Bulgaria 24 a Metodi Popov str. Sofia, 1113 BULGARIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.964	Nonpriority creditor's name and mailing address Martha Henao 14775 SW 65th Terrace Miami, FL 33193 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.965	Nonpriority creditor's name and mailing address Martha Ledesma 6704 NW 70th Court Tamarac, FL 33321 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.966	Nonpriority creditor's name and mailing address Maslon LLP 3300 Wells Fargo Center 90 South Seventh Street Minneapolis, MN 55402-4140 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$829.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.967	Nonpriority creditor's name and mailing address Maty Feldman-Bicas 16494 RAMADA Dr. San Diego, CA 92128 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,768.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.968	Nonpriority creditor's name and mailing address Mauricio Carasso Rua Americo Alves Pereira Filho 57, Ap. 221 Sao Paulo, S?o Paulo 05688-000 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,133.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.969	Nonpriority creditor's name and mailing address Max Angelo Weiss Lazarotto Ave Parana Esq. Maria de los Angeles Pa Hernandarias, 001415 PARAGUAY Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1,486.23</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.970	Nonpriority creditor's name and mailing address Mayra Alejandra Gonzalez de Maldonado av ppal de las mercedes, edificio itaca piso 3 oficina 03-02 Caracas, Venezuela 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$68.31</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.971	Nonpriority creditor's name and mailing address Mayra Ramirez 50 Biscayne Blvd., #5307 Miami, FL 33132 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.972	Nonpriority creditor's name and mailing address MBA MEDICAL BILLING ASSIST 300 Metro, San Pablo Heredia, San Jose, 40901 COSTA RICA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$15,366.69</u> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.973	Nonpriority creditor's name and mailing address MBA MEDICAL BILLING ASSIST 300 Metro San Pablo Heredia San Jose, 40901 COSTA RICA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1,400.00</u> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.974	Nonpriority creditor's name and mailing address McDermott Will & Emery LLP 340 Madison Avenue New York, NY 10173 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.975	Nonpriority creditor's name and mailing address MED NET PRO (SALUD VALOR) AV. RICARDO ARANGO Y CALLE 61 CIUDAD DE PANAMA PANAMA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$2,987.03</u> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.976	Nonpriority creditor's name and mailing address Med Net Pro Sociedad Anonima 4770 Biscayne Blvd. Suite 980 Miami, FL 33137 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.977	Nonpriority creditor's name and mailing address Med Net Pro Sociedad Anonima Obarrio, Avenida Ricardo Arango y Calle Panama Panama Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,045,163.98 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.978	Nonpriority creditor's name and mailing address MEDICA SUR S.A.B DE C.V Puente de Piedra # 150; Colonia Toriello Torre 3, Piso 6. Cd. De Mexico, 14050 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,496.12 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.979	Nonpriority creditor's name and mailing address Medical Network of Professionals 4770 Biscayne Blvd Ste 980 Miami, FL 33137 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.980	Nonpriority creditor's name and mailing address Medical Services of Manhattan 244 Madison Avenue New York, NY 10016 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20,000.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.981	Nonpriority creditor's name and mailing address MEDICAL SERVICES OF PARK AVENUE PLLC 41 PARK AVE. APT 1C New York, NY 10016 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30,400.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.982	Nonpriority creditor's name and mailing address MEDICAL SERVICES OF PARK AVENUE PLLC 244 Madison Ave, Suite 1120 New York, NY 10016 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$175.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.983	Nonpriority creditor's name and mailing address MediGuide International, LLC 4550 Linden Hill Road Suite 103 Wilmington, DE 19808 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.984	Nonpriority creditor's name and mailing address MEDS PARAISO VENEZUELA AV. UNIVERSIDAD CON CALLE 61 ENTIRE AVDA ZULIA, 4001 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$341.33 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.985	Nonpriority creditor's name and mailing address Meixin Jiang 213 W Dallas St. Mount Vernon, MO 65712 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.986	Nonpriority creditor's name and mailing address Melissa Bustos 15327 Pimenta Avenue Paramount, CA 90723 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.987	Nonpriority creditor's name and mailing address Melissa Santanello 137 Bishop Rd. Mullica Hill, NJ 08062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.988	Nonpriority creditor's name and mailing address Menchlikait Investments LLC 150 2nd Ave. STE 1401 Miami, FL 33131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$544,588.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.989	Nonpriority creditor's name and mailing address MetLife Metlife Small Business Center P.O. Box 804466 Kansas City, MO 64180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.990	Nonpriority creditor's name and mailing address MIA Global Corp Calle La Guairita Edif Los Frailes Piso 01 Ofic 101 Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$94.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.991	Nonpriority creditor's name and mailing address MIA Photo Booth 9970 SW 13 Terrace Miami, FL 33126 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.992	Nonpriority creditor's name and mailing address Micaela Scott 31921 Campanula Way #3107 Temecula, CA 92592 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.993	Nonpriority creditor's name and mailing address Michael Evans 39 Ezras Way Dover, NH 03820 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.994	Nonpriority creditor's name and mailing address Michel Prado 8791 SW 34th Street Miami, FL 33165 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.995	Nonpriority creditor's name and mailing address Michelangelo Capital Investments Marcy Building 2 FL Purcell Estate PO BX Road Town, Tortola VG1110 BRITISH VIRGIN ISLANDS Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,507.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.996	Nonpriority creditor's name and mailing address Michelle Bonelli Martinez Urb. La Bonita, Calle La Guairicita, Res Apto. 6E Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$55.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.997	Nonpriority creditor's name and mailing address Michelle Minetti-Manalo 1507 NE 3rd St. Redmond, OR 97726 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.998	Nonpriority creditor's name and mailing address Mickey Hahn 4 McClellan Street Cranford, NJ 07016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.999	Nonpriority creditor's name and mailing address Miguel Antonio Gauna Mijares gunterstallstrasse 55 gunterstallstrasse freiburg, Baden-W rttemberg 79102 GERMANY Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$78.81 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.100 0	Nonpriority creditor's name and mailing address Miguel Armando Martinez Lopez URB Nueva Segovia Carretera 4 Calle 4 r Piso 11 #11c Barquisimeto, Lara 3001 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$99.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.100 1	Nonpriority creditor's name and mailing address Miguel Jesus Pasquariello Di Cecilia Av. Mohedano, Edif. Avila, Piso 2, Apto. 13 Urb. Chacao Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$111.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.100 2	Nonpriority creditor's name and mailing address Miguel Ponce Avenida Espa a 948 2do piso Apt. A 5500 Mendoza, M5500DFJ ARGENTINA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$148.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.100 3	Nonpriority creditor's name and mailing address Mike Scharf Santa Ana, 125 metros norte de la, cruz San Jose, 10201 COSTA RICA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$3,831.72</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.100 4	Nonpriority creditor's name and mailing address Milagros del Carmen Perez Medina Urb. Caminos de la Mendere, I Etapa Call Barquisimetro, Lara 3001 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$188.11</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.100 5	Nonpriority creditor's name and mailing address Milagros Zambrano Av. Francisco de Miranda. Torre C mica. Piso 9. Of Caracas, Miranda 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$126.63</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.100 6	Nonpriority creditor's name and mailing address Milangela Figueroa Pernaletе, URB Barici Calle 3 entre av terapaima y Barquisimeto, Lara 3001 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$144.97</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.100 7	Nonpriority creditor's name and mailing address Militza Ilena Wilson Mena Calle 9 Los Jardines del Valle, Res. Yur Apto 1501 Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$52.97</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.100 8	Nonpriority creditor's name and mailing address Miller Nash LLP 111 SW Fifth Ave Suite 3400 Portland, OR 97204 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.100 9	Nonpriority creditor's name and mailing address MILO CARE 78 SW 7TH ST. STE. 800 Miami, FL 33130 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$40.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.101 0	Nonpriority creditor's name and mailing address Milton Arts Limited PLAZA MURANO SANTA ANA 100 MTS NORTE DE SAN JOSE, 06350 COSTA RICA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,064.37 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.101 1	Nonpriority creditor's name and mailing address Minerva Minerva 999 BRICKELL AVE. Miami, FL 33131 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,755.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.101 2	Nonpriority creditor's name and mailing address Miriam B. Rosenhek Avenida Piassanguaba 1196 Sao Paulo, S?o Paulo 4060001 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$103.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.101 3	Nonpriority creditor's name and mailing address Mirian Sugay Villarroel Suescun 4ta Transversal de Campo Alegre, Edificio Chacao, Miranda 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$209.56 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.101 4	Nonpriority creditor's name and mailing address Mirla Justina Leon Gomez Urb. Las Trinitarias, Calle 8 Oeste Sect Maturin, Monagas 6201 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$349.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.101 5	Nonpriority creditor's name and mailing address Mirna Elena Regalado De Perez CALLE PANAMA RESIDENCIAS LA MANSION APTO 91-A PISO 9 URB TERRAZAS DEL CLUB H Caracas, 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> </div> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.101 6	Nonpriority creditor's name and mailing address Miss Jeannie S.L. Yoon FRCOG Chelsea Bridge Road London, SW1W 8RH UNITED KINGDOM Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> </div> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$980.82
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3.101 7	Nonpriority creditor's name and mailing address Mitra Labarre 23 Via Flordia Rancho Santa Margarita, CA 92688 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> </div> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.101 8	Nonpriority creditor's name and mailing address Mla Services LLC 511 Ave. Andalucia, Suite 10 San Juan, PR 00920 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> </div> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,711.47
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3.101 9	Nonpriority creditor's name and mailing address Mla Services LLC 511 Ave. Andalucia, Suite 10 San Juan, PR 00920 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> </div> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,711.47
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3.102 0	Nonpriority creditor's name and mailing address Monica Belko 51 Everett Drive Newtown, PA 18940 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> </div> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)	
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3.102 1	Nonpriority creditor's name and mailing address Monica Helena Susaeta Vasquez KM 8, El Escobero, San Simon, Casa 1 Evi Medellin, 040018 COLOMBIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$76.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.102 2	Nonpriority creditor's name and mailing address Monica Rosa Elena Guzman Donoso Achumani Calle 29 #322 La Paz BOLIVIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$129.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.102 3	Nonpriority creditor's name and mailing address Multiplan Inc. 535 East Diehl Road Naperville, IL 60563 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.102 4	Nonpriority creditor's name and mailing address My Student Plans, Inc. 8608 Boundbrook Terrace Manassas, VA 20109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,747.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.102 5	Nonpriority creditor's name and mailing address Myanma Insurance No. 220 Insein Road Hlaing Township Yangon, 11111 MYANMAR Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.102 6	Nonpriority creditor's name and mailing address Myanmar international Sos Ltd Inya Lake Hotel 37 Kaba Aye Pagoda Road Yangon, 112233 MYANMAR Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$297.61 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.102 7	Nonpriority creditor's name and mailing address Myriam Cieslinski 6969 Collins Avenue, Apt 1503 Miami Beach, FL 33141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.102 8	Nonpriority creditor's name and mailing address Nadeska Araujo De Blanco Urb. Prados del Este, Calle San Francisc Caracas, 1080 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$632.15
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3.102 9	Nonpriority creditor's name and mailing address Nadia Angelica Gajardo Villablanca 304 INDIAN TRACE #352 Weston, FL 33326 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119.71
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3.103 0	Nonpriority creditor's name and mailing address Nakasero Hospital Plot 14A and B AKII BUA Road Kampala UGANDA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.55
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3.103 1	Nonpriority creditor's name and mailing address Natalie Martinez 9801 NW 29th Avenue Miami, FL 33147 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.103 2	Nonpriority creditor's name and mailing address Natascha Elizabeth Benavides Reyes av ppal colinas de valle arriba edif val Caracas Capital District, 1064 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.60
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3.103 3	Nonpriority creditor's name and mailing address National Takaful Company P.S.C. (Watania P.O. Box 6457 Abu Dhabi, 11111 UAE Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.103 4	Nonpriority creditor's name and mailing address Navex Global, Inc 5500 Meadows Road, Suite 500 Lake Oswego, OR 97035 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.103 5	Nonpriority creditor's name and mailing address Neil Anthony D`Ornellas 33 Durban Street Georgetown GUYANA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$18.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.103 6	Nonpriority creditor's name and mailing address Nelia Fernandez 15142 SW 92nd Terrace Miami, FL 33196 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.103 7	Nonpriority creditor's name and mailing address Nelly De Montiel Puchau Ricardez Urb. Colinas de Tamanaco, Calle Toledo, Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$115.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.103 8	Nonpriority creditor's name and mailing address Nelson Rafael Calvetty Avenida principal Edif Res Santa F Ap 2D Urbanizaci n Cumbres de Curumo Mun Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$142.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.103 9	Nonpriority creditor's name and mailing address Network-Value 16440 Gateway Path Suite 200 Frisco, TX 75033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.104 0	Nonpriority creditor's name and mailing address New CGF Insurance LLC CAPARRA OFFICE CENTER 22 GONZALEZ GUISTI Guaynabo, PR 00968 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,241.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.104 1	Nonpriority creditor's name and mailing address New CGF Insurance LLC CAPARRA OFFICE CENTER 22 GONZALEZ GUISTI Guaynabo, PR 00968 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,288.54
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3.104 2	Nonpriority creditor's name and mailing address New York Life Insurance Company 101 N. Independence Mail East LockBox 13701 Philadelphia, PA 19106 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.104 3	Nonpriority creditor's name and mailing address NEWYORK PRESBYTERIAN HOS PO BOX 6154 New York, NY 10249 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95,745.96
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3.104 4	Nonpriority creditor's name and mailing address Nicha Rungsimanond /Bumrungrad Hospi 33 Sukhumvit 3 (Soi Nana Nua), Wattana Bangkok, 10110 THAILAND Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.96
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3.104 5	Nonpriority creditor's name and mailing address Nicolas Ramon Dominguez Montilla Urb. Villas del Pilar, Calle 6 con Av. V Portuguesa, 3301 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.68
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3.104 6	Nonpriority creditor's name and mailing address Nicole Cohen PH Pacific Point Torre 700 Apt 7B Punta Pacifica PANAMA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.104
7 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Nicole Huergo
816 NW 87th Avneue, Apt 304
Miami, FL 33172
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Basis for the claim: For notice purposes only
Last 4 digits of account number _____
Is the claim subject to offset? ☒ No ☐ Yes

3.104
8 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Nicole Simbaco
13951 SW 109th Street
Miami, FL 33186
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Basis for the claim: For notice purposes only
Last 4 digits of account number _____
Is the claim subject to offset? ☒ No ☐ Yes

3.104
9 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$1,036.90
Nightingale Hospital London
11-19 Lisson Grove
London, NW1 6SH
UNITED KINGDOM
☒ Contingent
☐ Unliquidated
☒ Disputed
Date(s) debt was incurred _____
Basis for the claim: Provider
Last 4 digits of account number _____
Is the claim subject to offset? ☒ No ☐ Yes

3.105
0 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$40.83
Nilson Flavio Goncalves
Av. Jucerimo Kubitsehek de Oliveira
2040
Ap 142, San Jose Dorio Breto
Sao Paulo, Sao Paulo 15092-415
BRAZIL
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Basis for the claim: Broker
Last 4 digits of account number _____
Is the claim subject to offset? ☒ No ☐ Yes

3.105
1 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$37.46
Nirely Gonzalez
Prolongacion Calle T de Colinas de
Valle
Caracas Capital District, 1080
VENEZUELA
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Basis for the claim: Broker
Last 4 digits of account number _____
Is the claim subject to offset? ☒ No ☐ Yes

3.105
2 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$182.64
Nissi Innovations LLC Jason Huang
5092 Greencap Dr.
Irvine, CA 92604
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Basis for the claim: Broker
Last 4 digits of account number _____
Is the claim subject to offset? ☒ No ☐ Yes

Debtor	Global Benefits Group, Inc. Name		Case number (if known)
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3.105 3	Nonpriority creditor's name and mailing address Nissim Levi 703 Waterford Way, Suite 560 Miami, FL 33126 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$33.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.105 4	Nonpriority creditor's name and mailing address Niubis Quiala 12433 SW 30th Street Miami, FL 33175 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.105 5	Nonpriority creditor's name and mailing address Niveton International S.A. Ruta 8, KM 17.500 Edificio @ 1 Oficina 105 Montevideo, 91600 URUGUAY Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,490.43 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.105 6	Nonpriority creditor's name and mailing address Niveton Franco Treinamento e Corretora d Avenida Marques de Sao Vicente, 2219-15 Sao Paulo, 05036-040 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$43.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.105 7	Nonpriority creditor's name and mailing address Niveton International Latam Business Edificio @3, Oficina 004 - Zonamerica Ru Montevideo, Montevideo 91600 URUGUAY Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$266.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.105 8	Nonpriority creditor's name and mailing address Niveton International Latam Business II Edificio @ 3, Oficina 004 - Zonamerica R Montevideo, 91600 URUGUAY Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$93.53 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Global Benefits Group, Inc. Case number (if known) _____
Name

3.105 9	Nonpriority creditor's name and mailing address Niveton Isak Gwerzman Avenida Marques de Sao Vicente, 2219-15 Sao Paulo, 05036-040 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$176.25
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3.106 0	Nonpriority creditor's name and mailing address Niveton LCS Corretora de Seguros Ltda. Avenida Marques de Sao Vicente, 2219-15 Sao Paulo, 05036-040 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$187.89
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3.106 1	Nonpriority creditor's name and mailing address Niveton Niveton International S.A. Avenida Marques de Sao Vicente, 2219-15 Sao Paulo, 05036-040 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.57
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3.106 2	Nonpriority creditor's name and mailing address Noemi Perez Insurance Partner, LLC PO Box 195151 San Juan, PR 00919 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.106 3	Nonpriority creditor's name and mailing address Noor Harmoush 4480 Gilchrist Drive Riverside, CA 92505 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.106 4	Nonpriority creditor's name and mailing address Nopal Sa Samuel Lewis PB3 Torre HSBC Panama PANAMA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,153.24
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Debtor Global Benefits Group, Inc. Case number (if known) _____
Name

3.106 5	Nonpriority creditor's name and mailing address Nora Gonzalez Urosa Avenida Casigmiare Qta Carolina Urb. Col Caracas, 1035 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$255.29
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3.106 6	Nonpriority creditor's name and mailing address Nora Maria Vivas Rincon Res. Los Jardines, Torre C, Piso 2, Apto. 23-C, El Municipio El Hatillo Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.84
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3.106 7	Nonpriority creditor's name and mailing address Norma Chiapero Santa Ana, 125 metros norte de la, cruz San Jose, 10901 COSTA RICA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$166.92
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3.106 8	Nonpriority creditor's name and mailing address Norma Valdez 23 Molly Loop Ladera Ranch, CA 92694 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.106 9	Nonpriority creditor's name and mailing address Northern Brokers Avenida Moledano entre Calle Los Granado Caracas Capital District, 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$524.13
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3.107 0	Nonpriority creditor's name and mailing address Now Health International Limited Unit OT 19-37 Level 19, Central Park Off P.O Box 482055 Dubai UNITED ARAB EMIRATES Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94,669.00
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Debtor Global Benefits Group, Inc. Case number (if known) _____

Name

3.107 1	Nonpriority creditor's name and mailing address Oanda FX Data Services 228 Park Ave. S Ste 20236 New York, NY 10003-1502 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.107 2	Nonpriority creditor's name and mailing address Ofg Services Ca 8750 NW 26 St. Ste. 550 Miami, FL 33178 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106.31
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3.107 3	Nonpriority creditor's name and mailing address Ofg Services Ca Calle Mucuchies, Edificio Jimmy, Piso 1, Oficina N Caracas Capital District, 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,208.50
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3.107 4	Nonpriority creditor's name and mailing address Olga Lisbeth Santaella Delgado Calle Sur 17, Resid. Fanoral, Piso 3 Apto. 33, La Candelaria Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$132.42
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3.107 5	Nonpriority creditor's name and mailing address Olga Lucia Valencia Londono Cra. 38 #26-17 Oficina 525 Ed. Bio26 Av Las Palmas Med- Bogota, 110110 COLOMBIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$590.44
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3.107 6	Nonpriority creditor's name and mailing address Olga Rios 4209 NE 16th Street Homestead, FL 33033 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor Global Benefits Group, Inc. Case number (if known) _____

Name

3.107
7 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00

Olga Rodriguez
9000 SW 184th Lane
Miami, FL 33157

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _____
Last 4 digits of account number _____

Basis for the claim: For notice purposes only

Is the claim subject to offset? ☒ No ☐ Yes

3.107
8 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00

Olisdanys Angulo
12764 SW 133th Street
Miami, FL 33186

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _____
Last 4 digits of account number _____

Basis for the claim: For notice purposes only

Is the claim subject to offset? ☒ No ☐ Yes

3.107
9 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$15,330.36

Oliver Financial Group LLC
252 Ave. Ponce de Leon, Suite 2002
San Juan, PR 00918

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _____
Last 4 digits of account number _____

Basis for the claim: Broker

Is the claim subject to offset? ☒ No ☐ Yes

3.108
0 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$19.05

Olivia Del Valle Perez Gutierrez
Urb. Santa Fe Norte, Avda. Jose
Maria Va
Apto. 31 B, 3er piso
Baruta, 1080
VENEZUELA

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _____
Last 4 digits of account number _____

Basis for the claim: Broker

Is the claim subject to offset? ☒ No ☐ Yes

3.108
1 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$17,642.57

OLV HOSPITAL
Moorselbaan 164 Aalst
Aalst, 9300
BELGIUM

☒ Contingent
☐ Unliquidated
☒ Disputed

Date(s) debt was incurred _____
Last 4 digits of account number _____

Basis for the claim: Provider

Is the claim subject to offset? ☒ No ☐ Yes

3.108
2 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$20,501.64

Olympic Agency, Inc.
PMB 370,1353 19 St.
Guaynabo, PR 00966

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _____
Last 4 digits of account number _____

Basis for the claim: Broker

Is the claim subject to offset? ☒ No ☐ Yes

3.108
3 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$21,193.80

Olympic Agency, Inc.
PMB 370,1353 19 St.
Guaynabo, PR 00966

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _____
Last 4 digits of account number _____

Basis for the claim: Broker

Is the claim subject to offset? ☒ No ☐ Yes

Debtor Global Benefits Group, Inc. Case number (if known) _____
Name

3.108 4	Nonpriority creditor's name and mailing address OneNeck IT Solutions, LLC OneNeck IT Solutions PO Box 857950 Minneapolis, MN 55485-7950 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,442.72
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3.108 5	Nonpriority creditor's name and mailing address OneWelbeck Imaging & Diagnostics Lower ground floor1 Welbeck street London, W1G0AR UNITED KINGDOM Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$279.39
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3.108 6	Nonpriority creditor's name and mailing address Online Vector Insurance Solutions LLC 210 Industrial Rd. Ste. 205 San Carlos, CA 94070 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,866.13
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3.108 7	Nonpriority creditor's name and mailing address OPERADORA DE HOSPITALES ANGELES S A DE C Av. Camino a Santa Teresa No. 1055, Piso 14 H roes de Padierna, La Magdalena Ciudad de M xico, CDMX 10700 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98,490.75
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3.108 8	Nonpriority creditor's name and mailing address OPERADORA DE HOSPITALES ANGELES S A DE C CAMINO A SANTA TERESA NO 1055 MEXICO, 10700 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,879.13
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3.108 9	Nonpriority creditor's name and mailing address Oracle America Inc PO Box 44471 San Francisco, CA 94144-4471 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor Global Benefits Group, Inc. Case number (if known) _____

Name

3.109
0 **Nonpriority creditor's name and mailing address** As of the petition filing date, the claim is: *Check all that apply.* \$177.26

Orlando Adolfo Gonzalez Bustos
Av. Ppal Colinas de La Tahona,
Edif. Cam
Apto A-73, Colinas de La Tahona
Caracas, 1083
VENEZUELA

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Broker

Date(s) debt was incurred _____

Is the claim subject to offset? ☒ No ☐ Yes

Last 4 digits of account number _____

3.109
1 **Nonpriority creditor's name and mailing address** As of the petition filing date, the claim is: *Check all that apply.* \$557.93

Orly Goldsmith Oppenheim
Calle Huichapan 21 - 402 Col
Hipodromo D
Mexico City, CDMX CP 06140
MEXICO

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Broker

Date(s) debt was incurred _____

Is the claim subject to offset? ☒ No ☐ Yes

Last 4 digits of account number _____

3.109
2 **Nonpriority creditor's name and mailing address** As of the petition filing date, the claim is: *Check all that apply.* \$0.00

Orsan Kocak
25885 Greenhill
Lake Forest, CA 92630

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: For notice purposes only

Date(s) debt was incurred _____

Is the claim subject to offset? ☒ No ☐ Yes

Last 4 digits of account number _____

3.109
3 **Nonpriority creditor's name and mailing address** As of the petition filing date, the claim is: *Check all that apply.* \$51.82

Oscar E. Franzius - United
Financial Con
4770 Biscayne Blvd. Ste. 980
Miami, FL 33137

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Broker

Date(s) debt was incurred _____

Is the claim subject to offset? ☒ No ☐ Yes

Last 4 digits of account number _____

3.109
4 **Nonpriority creditor's name and mailing address** As of the petition filing date, the claim is: *Check all that apply.* \$467.90

Oscar Freites S
Av Estadio, Centro Comercial
Novocentro
Puerto La Cruz, Anzoategui 6023
VENEZUELA

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Broker

Date(s) debt was incurred _____

Is the claim subject to offset? ☒ No ☐ Yes

Last 4 digits of account number _____

3.109
5 **Nonpriority creditor's name and mailing address** As of the petition filing date, the claim is: *Check all that apply.* \$1,757.69

Oscar Gabriel Soukop Garcia
Avenida Italia 6721
Montevideo, Montevideo 11100
URUGUAY

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Broker

Date(s) debt was incurred _____

Is the claim subject to offset? ☒ No ☐ Yes

Last 4 digits of account number _____

Debtor Global Benefits Group, Inc. Case number (if known) _____
Name

3.109
6 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$174.00
Oscar Gabriel Soukop Garcia
Avenida Italia 6721
Montevideo, 11100
URUGUAY
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____ **Basis for the claim:** Broker
Last 4 digits of account number _____ Is the claim subject to offset? ☒ No ☐ Yes

3.109
7 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Oscar Michel
8495 SW 108th Street
Miami, FL 33156
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____ **Basis for the claim:** For notice purposes only
Last 4 digits of account number _____ Is the claim subject to offset? ☒ No ☐ Yes

3.109
8 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$701.08
OSWALDO MARTINEZ GONZALEZ DE
SALCEDA
Av. de las Flores #307, Col.
Pilares ?gu
CDMX, 1710
MEXICO
☒ Contingent
☐ Unliquidated
☒ Disputed
Date(s) debt was incurred _____ **Basis for the claim:** Provider
Last 4 digits of account number _____ Is the claim subject to offset? ☒ No ☐ Yes

3.109
9 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$101.02
Oswaldo Vicente Quiroga Olivares
Calle Los Abogados entre Avs
Facultad y
oficina 2, Los Chaguaramos
Caracas, 1070
VENEZUELA
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____ **Basis for the claim:** Broker
Last 4 digits of account number _____ Is the claim subject to offset? ☒ No ☐ Yes

3.110
0 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$2,550.00
OV Technologies (Oscar Vera)
1717 W Townsend St
Rialto, CA 92377
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____ **Basis for the claim:** AP/Vendor
Last 4 digits of account number _____ Is the claim subject to offset? ☒ No ☐ Yes

3.110
1 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$487.31
Pablo Hernandez Hernandez Paris
Av. Libertador, Res. Ecuador, Of.
Mezz "
Caracas Capital District, 1050
VENEZUELA
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____ **Basis for the claim:** Broker
Last 4 digits of account number _____ Is the claim subject to offset? ☒ No ☐ Yes

Debtor Global Benefits Group, Inc. Case number (if known) _____
Name

3.110 2	Nonpriority creditor's name and mailing address Pacific Prime C. Lago Zurich 219 Piso 12, Amp Granada, Miguel Hidalgo, Mexico City, CDMX 11529 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$224.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.110 3	Nonpriority creditor's name and mailing address Pacific Prime Insurance Brokers LLC Paci The Offices At Ibn Battuta Gate, PO Box Office 110, Dubai UNITED ARAB EMIRATES Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,052.42 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.110 4	Nonpriority creditor's name and mailing address Paola Merlo 701 Petunia Drive Plantation, FL 33317 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.110 5	Nonpriority creditor's name and mailing address Paradise Plants, Inc. 1569 Passion Vine Circle WESTON, FL 33326 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,825.87 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.110 6	Nonpriority creditor's name and mailing address Paragon Global Wealth Inc Via Ricardo J Alfaro, Edificio The Centu Panama, 0834-02595 PANAMA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,410.03 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.110 7	Nonpriority creditor's name and mailing address Parkway Health Medical Centers. Shanghai 7F, 108 Zhao Jia Bang Road, Shanghai, 200020 CHINA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$152.64 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Global Benefits Group, Inc. Case number (if known) _____

Name

3.110 8	Nonpriority creditor's name and mailing address Parkway Hospital People's Square No. 336 Mid Xizang Road, Plaza 336 Shanghai, 200001 CHINA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$169.29 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.110 9	Nonpriority creditor's name and mailing address Pascuale Guarino 780 NW 42nd Ave. Miami, FL 33126 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$157.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.111 0	Nonpriority creditor's name and mailing address Patricia Elena Fuentes Gimón Calle Caripe, Qta. Neblina, Urb. Cripeto Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.111 1	Nonpriority creditor's name and mailing address Patricia Gomariz Prats Calle A, Res. Luna Sol Apto 1C Urb Lomas del Sol, Caracas 1061 Caracas, Miranda 1061 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$14,873.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.111 2	Nonpriority creditor's name and mailing address Patricia Lorenzo 12571 NW 57th Court Coral Springs, FL 33076 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.111 3	Nonpriority creditor's name and mailing address Patricia Martin Del Campo Campillo Blvd. Cauhtemoc Sur 2801 - INT 17 Col. D Tijuana, 22044 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,842.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Name

3.111
4 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Patricia Ziomek
146 Muirfield Drive
Ponte Vedra Beach, FL 32082
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: For notice purposes only
Is the claim subject to offset? ☒ No ☐ Yes

3.111
5 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Patrick Collins
1690 Wrightstown Rd.
Newtown, PA 18940
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: For notice purposes only
Is the claim subject to offset? ☒ No ☐ Yes

3.111
6 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$107.10
Patrick Donald Camm
245 NE 14th Street, Apt. 1503
Miami, FL 33132
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Broker
Is the claim subject to offset? ☒ No ☐ Yes

3.111
7 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$101.86
Paula Albino Machado
av vice presidente jose alencar
1515
bloco 2 apt 1
Rio de Janeiro, Rio de Janeiro
22675033
BRAZIL
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Broker
Is the claim subject to offset? ☒ No ☐ Yes

3.111
8 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Paula de Souza Amorim
8396 NW 51st Terrace
Doral, FL 33166
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: For notice purposes only
Is the claim subject to offset? ☒ No ☐ Yes

3.111
9 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$37.92
Paula Eugenia Gasulla Iecco
Av. Padre Pereira de Andrade 545
Apto 173 F Alto de Pinheiros
Sao Paulo, S?o Paulo 05469-000
BRAZIL
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Broker
Is the claim subject to offset? ☒ No ☐ Yes

Debtor Global Benefits Group, Inc.
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3.112 0	Nonpriority creditor's name and mailing address Paulo Andre Ribeiro Fonseca Av. Rio Branco, 181 Sala 801 - Centro Rio de Janeiro, Rio de Janeiro 20040-007 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$145.17 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.112 1	Nonpriority creditor's name and mailing address Paulo Brucoli Av Alberto Ramos 130 Apt 102 Bloco 2 Sao Paulo, CEP03222 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$104.83 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.112 2	Nonpriority creditor's name and mailing address Paulo Brucoli Av. Alberto Ramos 130 Apt 102 Bloco 2 Sao Paulo, CEP3222 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$27.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.112 3	Nonpriority creditor's name and mailing address Paulo Sergio Dos Santos Costa SHS Pd 06 Conjunto A Bloco E Sala 525 Brasilia, DF 05614.040 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$320.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.112 4	Nonpriority creditor's name and mailing address Payscale, Inc. 113 Cherry St, Ste 96140 Seattle, WA 98104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.112 5	Nonpriority creditor's name and mailing address Pearl Anthony Associates 13 Gunther Loop Somerset, NJ 08873 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Global Benefits Group, Inc. Case number (if known) _____
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3.112
6 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$88.92
Pedro A Palicio
75 Valencia Ave. Ste. 304
Coral Gables, FL 33134
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Basis for the claim: Broker
Last 4 digits of account number _____
Is the claim subject to offset? ☒ No ☐ Yes

3.112
7 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Pedro Jose Oropeza Ceija
Av. Soublette, Resd. King David,
Piso 10, Apt. 10B San Bernardo
Caracas, 1070
VENEZUELA
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Basis for the claim: Broker
Last 4 digits of account number _____
Is the claim subject to offset? ☒ No ☐ Yes

3.112
8 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$18.28
Pedro Roberto Durrego Garcia
Centro Comercial Los Samanes,
Piso 4, Ofc 403A
Caracas, 1070
VENEZUELA
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Basis for the claim: Broker
Last 4 digits of account number _____
Is the claim subject to offset? ☒ No ☐ Yes

3.112
9 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$861.90
Pedro Rojas
15 calle 11-40
zona 10
Guatemala City, 01010
GUATEMALA
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Basis for the claim: Broker
Last 4 digits of account number _____
Is the claim subject to offset? ☒ No ☐ Yes

3.113
0 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$57.53
Pedro Tuesta Anaya
ENRIQUE SEDANE 339 TORRES DE
LIMATAMBO
Lima, 15036
PERU
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Basis for the claim: Broker
Last 4 digits of account number _____
Is the claim subject to offset? ☒ No ☐ Yes

3.113
1 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Pension Assurance LLP
5126 Clareton Drive, Suite 110
Agoura Hills, CA 91301
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Basis for the claim: AP/Vendor
Last 4 digits of account number _____
Is the claim subject to offset? ☒ No ☐ Yes

Debtor Global Benefits Group, Inc. Case number (if known) _____

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3.113 2	Nonpriority creditor's name and mailing address Perfect Circle Inc Edificio Plaza Esquina Escazu, Oficina 1 San Jose, 10203 COSTA RICA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$696.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.113 3	Nonpriority creditor's name and mailing address Perlora Management 482 W San Ysidro Blvd. Suite 124 San Ysidro, CA 92173 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$29,879.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.113 4	Nonpriority creditor's name and mailing address Peter Abdool 11 Avenue of the Republic Georgetown GUYANA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$340.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.113 5	Nonpriority creditor's name and mailing address Peter Ramos Photography LLC 17142 SW 138th Ct. Miami, FL 33177 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,747.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.113 6	Nonpriority creditor's name and mailing address Petra Del Carmen Hernandez Orta Urb. Los Saltos, Conj. Resd. Alto Caroni Puerto Ordaz, Bolivar 8050 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.113 7	Nonpriority creditor's name and mailing address Phama Investments Advisers Corp. Palm Chambers, 197 Main Street, Road Town, Tortola VG1110 BRITISH VIRGIN ISLANDS Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$304.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.113 8	Nonpriority creditor's name and mailing address PHARMCARE SERVICES 2750 SW 145th Ave Ste 304 Miramar, FL 33027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$64,225.08 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Global Benefits Group, Inc. Case number (if known) _____

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3.113 9	Nonpriority creditor's name and mailing address PHARMCARE SERVICES 2750 SW 145th Ave, Ste 304 Miramar, FL 33027 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$127,143.78 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.114 0	Nonpriority creditor's name and mailing address Phil Burr 508 E. North Street Geneseo, IL 61254 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.114 1	Nonpriority creditor's name and mailing address Philip Arabambi 1243 Mayfair Drive Corona, CA 92882 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.114 2	Nonpriority creditor's name and mailing address PIB LLC 800 SE 4th Ave. Suite 702 Hallandale, FL 33009 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,055.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.114 3	Nonpriority creditor's name and mailing address Piero Addati Recchia United Financial Consultants 4770 Biscayne Blvd. Ste. 980 Miami, FL 33137 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$57.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.114 4	Nonpriority creditor's name and mailing address Pierre Michel R. Emg. Jorge Oliva, 553 AP 71 Sao Paulo, S?o Paulo 04362-060 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$215.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.114 5	Nonpriority creditor's name and mailing address Pilar Teresa Bello Calle El Morro Quinta Renacer Urbanizaci Caracas, Capital District 1080 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$117.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Global Benefits Group, Inc. Case number (if known) _____
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3.114 6	Nonpriority creditor's name and mailing address Pinnacle Group Business Resources, LLC 1650 Market Street Suite 3600 Philadelphia, PA 19103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.114 7	Nonpriority creditor's name and mailing address Pinnacle Insurance Brokers 7 Merrick Ave Kingston, Kingston 10 JAMAICA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,241.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.114 8	Nonpriority creditor's name and mailing address Pinnacle Insurance Brokers 7 Merrick Ave Kingston, Kingston 10 JAMAICA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,241.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.114 9	Nonpriority creditor's name and mailing address Pithis International LTD Ritter House 5th Floor PO Box 3200 Road Town, Tortola VG1110 BVI Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$965.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.115 0	Nonpriority creditor's name and mailing address POLICLINICA METROPOLITANA, C.A. Calle A-1, Edif. Policlinica Metropolitana Caracas, 1061 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$122,863.38 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.115 1	Nonpriority creditor's name and mailing address POLICLINICA METROPOLITANA, C.A. CALLE A-1 CARACAS Caracas DISTRITO CAPITAL, 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,271.72 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Global Benefits Group, Inc. Case number (if known) _____

Name

3.115 2	Nonpriority creditor's name and mailing address Post and Telecommunication Joint Stock I Harec Building 4A Lang Ha Street Ba Dinh 8th Floor Hanoi, 10000 VIETNAM Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.115 3	Nonpriority creditor's name and mailing address Praxis Associates, Inc PO BOX 3450 Bayamon Mayaguez, PR 00681 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$2,049.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.115 4	Nonpriority creditor's name and mailing address Praxis Associates, Inc PO BOX 3450 Mayaguez, PR 00681 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$2,421.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.115 5	Nonpriority creditor's name and mailing address Pre-Paid Legal Services Inc (LegalShield) One Pre-Paid Way Ada, OK 74820 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.115 6	Nonpriority creditor's name and mailing address Precision Logistics International, LLC (4820 Bridlewood Cir NE Canton, OH 44714 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$68.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.115 7	Nonpriority creditor's name and mailing address PricewaterhouseCoopers LLP 300 Madison Avenue New York, NY 10017 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.115 8	Nonpriority creditor's name and mailing address Priscila Manzo Lindgren Silva R. Campevas 253 A/P.61 Sao Paulo, S?o Paulo CEP.: 0501 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$6,626.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Global Benefits Group, Inc. Case number (if known) _____

Name

3.115 9	Nonpriority creditor's name and mailing address Priscila Mello Costa Rua Begonia Real, 119 apt13b jd Pedra Branca Sao Paulo, 08490 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96.06
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3.116 0	Nonpriority creditor's name and mailing address Private Financial Associates, C.A Av 13 con Calle 73, Centro Comercial los Piso 3, Oficina C10 Maracaibo, Zulia 4001 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$385.26
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3.116 1	Nonpriority creditor's name and mailing address Private Investment Group, Inc Centro Gerencial Mohedano Planta Baja lo Caracas, 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.29
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3.116 2	Nonpriority creditor's name and mailing address Procesadores De Informacion SC Horacio 1844, Piso 1, Col. Polanco I Seccion Miguel Hidalgo, Mexico City 11510 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.116 3	Nonpriority creditor's name and mailing address Producers Financial Group 8249 NW 36th St. Suite 111 Miami, FL 33166 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240.11
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3.116 4	Nonpriority creditor's name and mailing address Professional Service, Inc., Geoffrey Chua 4245 Upper Park Drive Fairfax, Virginia 22030-0000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$261.52
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3.116 5	Nonpriority creditor's name and mailing address Prolife Corretora De Seguros Consultoria Rua Almirante Baltazar 194 BL 002 Apt 304 Bairro Sao Cristovao Rio de Janeiro, RJ 20941-150 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82.91
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3.116 6	Nonpriority creditor's name and mailing address PT Asuransi Sahabat Artha Proteksi JL Danau Sunter utara Blok B 36A Kua 16- Sunter, Jakarta 14350 INDONESIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.116 7	Nonpriority creditor's name and mailing address Pzu Poliklinika Dr Al-Tawil Zmaja Od Bosne 7 Importane Centar Sprat Sarajevo, 71000 BOSNIA AND HERZEGOVINA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$243.97
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3.116 8	Nonpriority creditor's name and mailing address R&F Consulting Inc. 80 Main Street P.O. BOX 3200 ROAD TOWN, TORTULA VG1110 BRITISH VIRGIN ISLANDS Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$191.26
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3.116 9	Nonpriority creditor's name and mailing address Rafael Algarin 7157 W 29th Way Hialeah, FL 33018 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.117 0	Nonpriority creditor's name and mailing address Rafael Andres Gallegos Baldo Av. Eugenio Mendoza, Torre IASA, Piso 1, Ofic. 107 Urb. La Castellana Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$565.49
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3.117 1	Nonpriority creditor's name and mailing address Rafe Kassam El Hinaqui av carabobo.Edif caracas soberana de cor Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$775.60
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3.117 2	Nonpriority creditor's name and mailing address Raffles Hospital 585 North Bridge Road, Raffles Hospital, Singapore, 188770 SINGAPORE Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$254.36
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3.117 3	Nonpriority creditor's name and mailing address Raffles Hospital Beijing Co., Ltd 105,Wing 1,Kunsha Building, No.16 Xinyuanli, Chaoyang District, Beijing CHINA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,894.06
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3.117 4	Nonpriority creditor's name and mailing address Raisa Montgomery 7430 SW 59th Court, Apt A10 South Miami, FL 33143 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.117 5	Nonpriority creditor's name and mailing address RAMTOR GROUP J.R 10251 NW 70TH LANE Doral, FL 33178 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,230.00
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3.117 6	Nonpriority creditor's name and mailing address Randstad P.O. Box 894217 Los Angeles, CA 90189 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.117 7	Nonpriority creditor's name and mailing address Randy Yan 13 Gold Bluff Irvine, CA 92604 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.117 8	Nonpriority creditor's name and mailing address Raphael Joyce 14901 SW 157th Court Miami, FL 33196 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.117 9	Nonpriority creditor's name and mailing address Raquel Cristina Palacios Amiuni Av. El Arroyo, Edif. Jacaranda, 1 B, El Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$359.07
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3.118 0	Nonpriority creditor's name and mailing address Raquel Guzman 764 Aletha Avenue S Lehigh Acres, FL 33974 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.118 1	Nonpriority creditor's name and mailing address Raya Robinson De Gittler Palacio de Versailles 245-4 Lomas de Reforma, Mexico City 11020 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,202.22
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3.118 2	Nonpriority creditor's name and mailing address RBS Responsible Business Solutions GmbH Hegelgasse 13 Vienna, 1010 AUSTRIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,651.40
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3.118 3	Nonpriority creditor's name and mailing address Real Life Patrimonio Global LTDA Rua Antonio Parreiras, 190, Apto 401 Bela Visat Porto Alegre, Rio Grande do Sul 90450-05 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$193.20
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3.118 4	Nonpriority creditor's name and mailing address Real Plants, Inc. 27762 Antonio Parkway #L1636 Ladera Ranch, CA 92694 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$267.88
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3.118 5	Nonpriority creditor's name and mailing address Rebeca Balkanyi Rua Sao Paulo Antigo 425 Apt 21 Sao Paulo, SP 05687-011 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,547.93
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3.118 6	Nonpriority creditor's name and mailing address Rebecca Fernandez 3630 NW 19th Terrace Miami, FL 33125 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.118 7	Nonpriority creditor's name and mailing address Renaissance Printing 4130 NW 16th Blvd Gainesville, FL 32605 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.37
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3.118 8	Nonpriority creditor's name and mailing address Renato Marcel Goldberg Rua dos Jacarand s, 300 - Barra da Tijuc Rio de Janeiro, 22776-050 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.118 9	Nonpriority creditor's name and mailing address Rene Zamora 3512 NE 9th Street Homestead, FL 33033 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.119 0	Nonpriority creditor's name and mailing address Reva Inc. 2101 W Commercial Blvd. Suite 5100 Fort Lauderdale, FL 33309 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
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3.119 1	Nonpriority creditor's name and mailing address Ribeiro And Filhos LTD PO Box 3200 Ritter House 5th Floor, Wickhans Key II Road Town, Tortola VG1110 BRITISH VIRGIN ISLANDS Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$173.43
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3.119 2	Nonpriority creditor's name and mailing address Ricardo Tihanyi Edif Quinora, torre A, ofic 241 era Av. Los Palos G Caracas, Miranda 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$991.31
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3.119 3	Nonpriority creditor's name and mailing address Ricardo A. Gomez Otto Calle 137, Edif. El Encanto 2, Piso 7, Apto 7B, Ur Valencia, 2001 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$286.07
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3.119 4	Nonpriority creditor's name and mailing address Ricardo Alberto Uriegas Sansores 2100 S SHARY RD SUITE 5 PMB 60 Mission, TX 78572 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68.04
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3.119 5	Nonpriority creditor's name and mailing address Ricardo Andres Hausmann Pfeifenkopf 1942 NE 148TH ST, #1312 Miami, FL 33181 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.50
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3.119 6	Nonpriority creditor's name and mailing address Ricardo Campos Toni Res Rua Piauf n 1-145 Apto 122 Hlqlenopolls Sao Paulo, 05614.040 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$772.89
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3.119 7	Nonpriority creditor's name and mailing address Ricardo Cors 5435 SW 152nd Place Circle Miami, FL 33185 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.119 8	Nonpriority creditor's name and mailing address Ricardo De Oliveira Costa Pini Rua Belchor de Azevedo 156, Bld 1, ap 92 Sao Paulo, S?o Paulo 05089-030 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.119 9	Nonpriority creditor's name and mailing address Ricardo Gabriel Villarroel Mendible Av. Principal de La Tahona, Residencia C Caracas, Miranda 1071 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$127.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.120 0	Nonpriority creditor's name and mailing address Ricardo Jesus Muci Ramos Alfredo Juan Gu 2627 NE 203rd St. Suite 218 Miami, FL 33180 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,266.29 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.120 1	Nonpriority creditor's name and mailing address Ricardo Jose Marcano Av. La Estancia, CCCT, Torre B, Oficina 502 Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$122.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.120 2	Nonpriority creditor's name and mailing address Ricardo Lara 4121 NW 88th Avenue #207 Coral Springs, FL 33065 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Global Benefits Group, Inc. Case number (if known) _____

Name

3.120 3	Nonpriority creditor's name and mailing address Ricardo Minc - Agente Niveton Edificio at 3, Oficina 004 Zonamerica, Ruta 8, Km 17.50 Montevideo, 91600 URUGUAY Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <div style="margin-top: 10px;"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.120 4	Nonpriority creditor's name and mailing address Ricardo Requena 3740 NE 11th Street Homestead, FL 33033 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <div style="margin-top: 10px;"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.120 5	Nonpriority creditor's name and mailing address Ricardo Rosales 8750 NW 36 Street Suite 550 Doral, FL 33178 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <div style="margin-top: 10px;"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,705.64
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3.120 6	Nonpriority creditor's name and mailing address Rich Francis 44 Lookover Lane Yardley, PA 19067 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <div style="margin-top: 10px;"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.120 7	Nonpriority creditor's name and mailing address Riggs Counselman Michaels & Downes, Inc 555 Fairmount Ave. Baltimore, MD 21286 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <div style="margin-top: 10px;"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.39
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3.120 8	Nonpriority creditor's name and mailing address Rio Caribe Inc Av San Felioe de la Castellana. Qta Bego Caracas Capital District, 1010 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <div style="margin-top: 10px;"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.120 9	Nonpriority creditor's name and mailing address Roalma Roalma (with UFC) 4770 Biscayne Blvd. Suite 980 Miami, FL 33137 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <div style="margin-top: 10px;"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,812.53
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Debtor Global Benefits Group, Inc. Case number (if known) _____

Name

3.121 0	Nonpriority creditor's name and mailing address Robert De Jesus 11768 NW 29th Court Coral Springs, FL 33065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.121 1	Nonpriority creditor's name and mailing address Roberto Angel De Armas Javier Av. Francisco De Miranda, Edif. Tecoteca Piso 4, Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$29.37 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.121 2	Nonpriority creditor's name and mailing address Roberto Antonio Lara Watson Colonia 15 de Septiembre 3ra C11 2da Av Comayaguela, 12101 HONDURAS Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$147.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.121 3	Nonpriority creditor's name and mailing address Roberto Cairo 8396 NW 51st Terrace Doral, FL 33166 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.121 4	Nonpriority creditor's name and mailing address Roberto Enrique Esquivel Benard Rohrmoser, de casa de oscar arias 100 oe San Jose, 10201 COSTA RICA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$294.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.121 5	Nonpriority creditor's name and mailing address Robinson Mori Hidalgo Calle Federico Recavarren 462 Mira Flore Lima, 15074 PERU Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$134.95 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Global Benefits Group, Inc.
Name

Case number (if known) _____

3.121 6	Nonpriority creditor's name and mailing address Rodolfo Duarte Moreira Filho Rua Salim Izar 333 Ap 81 - D Sao Paulo, Sao Paulo 05617-040 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.34
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3.121 7	Nonpriority creditor's name and mailing address Rodolfo Hobaica Morffe 4ta av.con 5ta transversal edif kabanaye apt 1a Caracas Distrito Capital, 1040 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$266.57
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3.121 8	Nonpriority creditor's name and mailing address Rodrigo Cavalcanti De Arruda Rua Do Rocio 199 CJ 122 Sao Paulo, S?o Paulo 04552-000 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$402.68
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3.121 9	Nonpriority creditor's name and mailing address Rodrigo Pereira Guedes Rua Antilhas 50 Apt 701 Sion Belo Horizonte, Minas Gerais 30315-480 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.83
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3.122 0	Nonpriority creditor's name and mailing address Rodrigo Valadao Cordeiro Rua Pedra Bonita No 573, Apto 302 Bairro Prado Belo Horizonte, Minas Gerais 30411-216 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.74
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3.122 1	Nonpriority creditor's name and mailing address Rogerio Michel Day Rua Dona Balduina, 255 Sumare Sao Paulo, Sao Paulo 01251-020 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$449.42
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Debtor Global Benefits Group, Inc. Case number (if known) _____
Name

3.122
2 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$12.87
Rolf Farto Bozzo
Av. Jamaris, 100. Cj 403.
Bairro Moema, S?o Paulo 04078-000
BRAZIL
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____ **Basis for the claim:** Broker
Last 4 digits of account number _____ Is the claim subject to offset? ☒ No ☐ Yes

3.122
3 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$13.80
Romulo Daniel Segovia Tovar
Urbanizacion Gran Colombia, Avenida
El R
Los Rosales, 1040
VENEZUELA
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____ **Basis for the claim:** Broker
Last 4 digits of account number _____ Is the claim subject to offset? ☒ No ☐ Yes

3.122
4 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Ronald Benigno
113 Whistle FLower
Irvine, CA 92618
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____ **Basis for the claim:** For notice purposes only
Last 4 digits of account number _____ Is the claim subject to offset? ☒ No ☐ Yes

3.122
5 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$33.59
Ronald Jose Villanueva Doubronth
Vrb Valle de Oro Conjunto La
Estancia Ca
Estado Carabobo, 2044
VENEZUELA
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____ **Basis for the claim:** Broker
Last 4 digits of account number _____ Is the claim subject to offset? ☒ No ☐ Yes

3.122
6 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$7,787.65
Ronaldo De Britto Pereira
Rua Nascimento Silva 351 apto 501
Rio de Janeiro, RJ 20560-001
BRAZIL
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____ **Basis for the claim:** Broker
Last 4 digits of account number _____ Is the claim subject to offset? ☒ No ☐ Yes

3.122
7 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$269.69
Ronit Holdings Inc
PO BOX 905
Road Town, Tortola VG1110
BRITISH VIRGIN ISLANDS
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____ **Basis for the claim:** Broker
Last 4 digits of account number _____ Is the claim subject to offset? ☒ No ☐ Yes

3.122
8 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$639.50
Ronmel Jose Liscano Calles
Urbanizacion El Paraíso, Calle 5B,
Casa 13D-5 Municipio Palavecino
Cabudare, Lara 3023
VENEZUELA
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____ **Basis for the claim:** Broker
Last 4 digits of account number _____ Is the claim subject to offset? ☒ No ☐ Yes

Debtor Global Benefits Group, Inc. Case number (if known) _____

Name

3.123 9	Nonpriority creditor's name and mailing address Ronny Julio Alvarez Escudero Av. Hillman 144, Dpto. 802, Surquillo Lima, 15038 PERU Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52.54
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3.123 0	Nonpriority creditor's name and mailing address Rosa Martinez 17142 SW 138th Court Miami, FL 33177 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.123 1	Nonpriority creditor's name and mailing address Rosalicia Del Carmen Romero Salazar Calle Capri, Qta. Sinfonia, California S Caracas, Miranda 1071 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$154.23
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3.123 2	Nonpriority creditor's name and mailing address Rosanna Alejandra Montes Sanchez Av. Los Proceres, Edif. Fenicia, Piso 2, Apto 6, S Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$164.44
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3.123 3	Nonpriority creditor's name and mailing address Rosario Bedoya 9140 Fontainebleau Blvd., #302 Miami, FL 33172 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.123 4	Nonpriority creditor's name and mailing address Rosario Salazar Garcia Av. Sanz, Urb. El Marques, Edif. Ondarre Piso 6, Apto. B Caracas, Miranda 1052 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor Global Benefits Group, Inc. Case number (if known) _____
Name

3.123
5 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00

Roscio Hermilda Betancourt
Hernandez
ub santa secilia, av 105b #119-83
qta co
valencia, Carabobo 2001
VENEZUELA

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _____

Basis for the claim: Broker

Last 4 digits of account number _____

Is the claim subject to offset? ☒ No ☐ Yes

3.123
6 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$878.81

Rosely Epszstein
Rua Dourado, 180
Guaruja, Sao Paulo 11454-250
BRAZIL

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _____

Basis for the claim: Broker

Last 4 digits of account number _____

Is the claim subject to offset? ☒ No ☐ Yes

3.123
7 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$153.66

Rosilene Conessa
Rua Cerro Cora, 585 Conunto 310,
Torre 1
Sao Paulo, Sao Paulo 05061-150
BRAZIL

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _____

Basis for the claim: Broker

Last 4 digits of account number _____

Is the claim subject to offset? ☒ No ☐ Yes

3.123
8 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$493.52

Roxana Barrientos
CALLE COLON 758
SANTA CRUZ, Santa Cruz Department
BOLIVIA

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _____

Basis for the claim: Broker

Last 4 digits of account number _____

Is the claim subject to offset? ☒ No ☐ Yes

3.123
9 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00

RSM US LLP
801 Nicollet Avenue
Suite 1200 West Tower
Minneapolis, MN 55402

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _____

Basis for the claim: AP/Vendor

Last 4 digits of account number _____

Is the claim subject to offset? ☒ No ☐ Yes

3.124
0 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$286.72

Rts Risk Transfer Service
CC Avenida Libertador,
Piso 1, Ofic. 1-5
Caracas , 1070
VENEZUELA

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _____

Basis for the claim: Broker

Last 4 digits of account number _____

Is the claim subject to offset? ☒ No ☐ Yes

Debtor Global Benefits Group, Inc. Case number (if known) _____

Name

3.124 1	Nonpriority creditor's name and mailing address RUBEN ANTONIO YANES FERERAS 5ta. Av. con 3era transversal, Edif. Tam piso 1, Apto. 14, Urb. Los Palos Grandes Caracas, Miranda 1080 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$108.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.124 2	Nonpriority creditor's name and mailing address Ruben Herrera Urb. La vi a, calle Paez# 108-41, Qta Pa Valencia, Carabobo 2001 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$31.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.124 3	Nonpriority creditor's name and mailing address Rudel Iznaga 3069 NW 13th Street Miami, FL 33125 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.124 4	Nonpriority creditor's name and mailing address Ryan McDonough 11 Waterford Way Wallingford, PA 19086 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.124 5	Nonpriority creditor's name and mailing address Saad Anthony Baksh 86 Harold Avenue San Fernando, Marabella TRINIDAD AND TOBAGO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$568.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.124 6	Nonpriority creditor's name and mailing address Sabine Eland Silva Rua Chapeco, # 137, Barrio Saguacu Janielle Santa Catarina, 89221-040 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$13.74 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Global Benefits Group, Inc. Case number (if known) _____
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3.124 7	Nonpriority creditor's name and mailing address Salomao Gammerman 21157 NE 33rd Ave. Aventura, FL 33180 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$22.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.124 8	Nonpriority creditor's name and mailing address Salomon Sidaury Romano Av Jesus Del monte 44 B10, Col Jesus del Huixquilucan, Estado De mexico 52779 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$476.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.124 9	Nonpriority creditor's name and mailing address Salvatore Lonigro Picciuto Av. 12 con Calle 34 #34-142 Conj. Res. S Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.125 0	Nonpriority creditor's name and mailing address Samitivej International No 9 E/2 Kabar Aye Pagoda Ward No 7 Mayangone Town Yangon MYANMAR Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$282.04 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.125 1	Nonpriority creditor's name and mailing address Samitivej Sukhumvit Hospital No. 9E/2, Kabar Aye Pagoda Rd, Mayangone Township, Yangon MYANMAR Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$905.26 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.125 2	Nonpriority creditor's name and mailing address Samitivej Sukhumvit Hospital 133 Sukhumvit 49 Klongtan Nua Vadhana Bangkok, 10110 THAILAND Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$478.68 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Global Benefits Group, Inc. Case number (if known) _____
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3.125 3	Nonpriority creditor's name and mailing address Sandra Brown 28 Norway Terrace, Kingston Saint Andrew (Half Way Tree), K JAMAICA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$522.90
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3.125 4	Nonpriority creditor's name and mailing address Sandra Coromoto Idrogo Quintero Urb. Manzanares CC. Manzanares Piso 1 Oficina 01-14 Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$544.83
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3.125 5	Nonpriority creditor's name and mailing address Sandra Daniela May Av. Dr. Arnaldo 2180 Sao Paulo, SP 01255-000 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,717.36
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3.125 6	Nonpriority creditor's name and mailing address Sandra Isabel Hoyos Mora Cl 27 Dsor #27 c 51, Apt 903 Bogota, 110110 COLOMBIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$141.44
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3.125 7	Nonpriority creditor's name and mailing address Sandra Leonor Goncalves Oliveira Borges 8786 NW 99th Path Doral, FL 33178 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.56
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3.125 8	Nonpriority creditor's name and mailing address Sandra Lopez-Silva 6916 N.W. 174 Terr D-100 Hialeah, FL 33015 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.125 9	Nonpriority creditor's name and mailing address Sarah Li 30 Plumeria Lake Forest, CA 92630 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor Global Benefits Group, Inc. Case number (if known) _____
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3.126 0	Nonpriority creditor's name and mailing address Saul Rubinsztein Callao 441 40G Buenos Aires, C1022 AAE ARGENTINA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,232.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.126 1	Nonpriority creditor's name and mailing address Scarlet Carolina Manrique Urb. Unare II Cloque 32, Piso 3 Apto 03- Puerto Ordaz Eatdo, Bolivar 8050 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$18.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.126 2	Nonpriority creditor's name and mailing address Scott Sanders 1422 Park Beach Circle Punta Gorda, FL 33950 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.126 3	Nonpriority creditor's name and mailing address SD- Brokers Callao 441 40G Buenos Aires, C1022 AAE ARGENTINA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$245.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.126 4	Nonpriority creditor's name and mailing address Secutive Acquisition LLC 212 Carnegie Center, Suite 106 Princeton, NJ 08540 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$31,574.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.126 5	Nonpriority creditor's name and mailing address Segrupex S.A Hospital Clinica Biblica, Torre M dica ler piso, oficina de Turismo M dico, cal San Jose, 40901 COSTA RICA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,010.48 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name	Case number (if known)	
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3.126 6	Nonpriority creditor's name and mailing address Segrupex S.A San Jose San Jos , 40901 COSTA RICA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$581.89
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3.126 7	Nonpriority creditor's name and mailing address Senator Sales Limited 33 Highland Road Amersham, Buckinghamshire HP7 9AX UNITED KINGDOM Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.126 8	Nonpriority creditor's name and mailing address Seoul Counseling Center 35 Gangnam-daeno 158-gil Gangnam-gu Seoul, 6034 SOUTH KOREA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.84
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3.126 9	Nonpriority creditor's name and mailing address Sergio Alberto Moreno Morales Edificio Torre Platinum Bussiness Center Piso 5 Oficina 51 Santa Cruz de la Sierra, Santa Cruz Depa BOLIVIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.52
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3.127 0	Nonpriority creditor's name and mailing address Sergio Enrique Torrendell km 56.5 Ramal Pilar, Estancias del Pilar Pilar, Buenos Aires 1629 ARGENTINA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.96
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3.127 1	Nonpriority creditor's name and mailing address Sergio Wainberg Avenida Nilopolis 135 Porto Alegre, 90460-050 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122.67
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Debtor Global Benefits Group, Inc.
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3.127 2	Nonpriority creditor's name and mailing address Servando Escamilla Dominguez Goethe #16, Piso 5, Col. Anzured, Migue Mexico City, CDMX 11590 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.60
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3.127 3	Nonpriority creditor's name and mailing address Servicios Urologicos Umd S C Hospital Angeles Lomas, Vialidad de la B Jes s del Monte, 52763 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$468.12
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3.127 4	Nonpriority creditor's name and mailing address Shadrach Robinson - United Financial Con 4770 Biscayne Blvd. Ste. 980 Miami, FL 33137 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.89
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3.127 5	Nonpriority creditor's name and mailing address Shamrock Union Inc Vanterpool Plaza, 2nd Floor Wickhans Cay Road Town, Tortola VG1110 BRITISH VIRGIN ISLANDS Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,569.81
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3.127 6	Nonpriority creditor's name and mailing address Shanghai Delta Health Hospital No.109 XULE Road Shanghai CHINA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$112.30
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3.127 7	Nonpriority creditor's name and mailing address Shanghai Donglei Brain Hospital 988 Huaxu Highway, Qingpu District, Shanghai, 200000 CHINA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$111.33
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Debtor Global Benefits Group, Inc. Case number (if known) _____
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3.127 8	Nonpriority creditor's name and mailing address Shanghai Jiajing Clinic 689 Guiping Road, Xuhui District Shanghai, 200000 CHINA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$403.20 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.127 9	Nonpriority creditor's name and mailing address Shanghai Jiajing Clinic Suite 10188 Changshu road Shanghai, 200233 CHINA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$76.01 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.128 0	Nonpriority creditor's name and mailing address Shanghai Life Insurance Company Ltd 8/F 12/F No. 201 Century Ave Pudong New Shanghai, 200120 CHINA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.128 1	Nonpriority creditor's name and mailing address Shanghai United Family Hospital & Clinic No 699 Ping Tang Road, Chang Ning Distri Shanghai, 200335 CHINA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$164.28 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.128 2	Nonpriority creditor's name and mailing address Shanghai United Family Hospital & Clinic 1139 Xian Xia Road Changning District Shanghai, 200336 CHINA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$296.18 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.128 3	Nonpriority creditor's name and mailing address Sharon Leicester 1421 Ashland Avenue Evanston, IL 60201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.128 4	Nonpriority creditor's name and mailing address Sharon Nieto PO Box 232 Cypress, CA 90630 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.128 5	Nonpriority creditor's name and mailing address Sheila Clezar Avenida Washington Luis 1576, Apto. 312F Sao Paulo, S?o Paulo 04662-002 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62.35
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3.128 6	Nonpriority creditor's name and mailing address Sheka Forna Stefansgade 36 3TV Copenhagen, 2200 DENMARK Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,316.96
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3.128 7	Nonpriority creditor's name and mailing address Shelton A (UFC) 4770 Biscayne Blvd. Ste. 980 Miami, FL 33137 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,969.20
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3.128 8	Nonpriority creditor's name and mailing address Shelton B (UFC) 4770 Biscayne Blvd. Ste. 980 Miami, FL 33137 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,435.70
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3.128 9	Nonpriority creditor's name and mailing address Shelton C (UFC) 4770 Biscayne Blvd Ste. 980 Miami, FL 33137 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$566.93
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3.129 0	Nonpriority creditor's name and mailing address Shelton D (UFC) 4770 Biscayne Blvd. Ste. 980 Miami, FL 33137 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$143.02
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3.129
1 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$1,863.21
Shelton E (UFC)
4770 Biscayne Blvd Ste. 980
Miami, FL 33137
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Broker
Is the claim subject to offset? ☒ No ☐ Yes

3.129
2 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$4,934.55
Shelton Shelton A
4770 Biscayne Blvd. Ste. 980
Miami, FL 33137
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Broker
Is the claim subject to offset? ☒ No ☐ Yes

3.129
3 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$783.15
SHI International Corporation
290 Davidson Ave.
Somerset, NJ 08873
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: AP/Vendor
Is the claim subject to offset? ☒ No ☐ Yes

3.129
4 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Shyam Medandrao
30 Glicina Street
Rancho Mission Viejo, CA 92694
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: For notice purposes only
Is the claim subject to offset? ☒ No ☐ Yes

3.129
5 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$35.12
Silvana Maria Gracia Denis
Cordillera 911 Teniente Rivas
Mburucuya, Asuncion 001415
PARAGUAY
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Broker
Is the claim subject to offset? ☒ No ☐ Yes

3.129
6 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
SilverStone Group
11516 Miracle Hills Dr, Suite 100
NE 68154
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: AP/Vendor
Is the claim subject to offset? ☒ No ☐ Yes

3.129
7 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Silvia Poplawsky
Sierra Vertientes 365-501 Lomas de
CHapul
Mexico, Veracruz 11000
MEXICO
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Broker
Is the claim subject to offset? ☒ No ☐ Yes

Debtor <u>Global Benefits Group, Inc.</u>		Case number (if known) _____	
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3.129 8	Nonpriority creditor's name and mailing address Silvia Vlodaver Unzek Av. De las Fuentes 13-603 Tecamachalco Mexico City CDMX 53125 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,315.60
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3.129 9	Nonpriority creditor's name and mailing address Singapore General Hospital Outram Road Singapore, 169608 SINGAPORE Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,672.09
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3.130 0	Nonpriority creditor's name and mailing address SinoUnited Health Center Ping An Riverside Finance Center, 3/F, 7 Shanghai, 200335 CHINA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,504.68
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3.130 1	Nonpriority creditor's name and mailing address SinoUnited Health,Huangpu Riverside Clin Ping An Riverside Finance Center, 3/F, 7 Shanghai, 200335 CHINA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$987.08
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3.130 2	Nonpriority creditor's name and mailing address Sistem Bestur Sigorta Aracilik Hizmetler Dolapdere Cad. No: 124, Kat: 2, Pangalt? Instabul, 34373 TURKEY Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.130 3	Nonpriority creditor's name and mailing address Skillsoft Corporation 300 Innovative Way Ste201 Nashua, NH 03062 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Name

3.130 4	Nonpriority creditor's name and mailing address Sky Life Jorge Yonny Mamo Urb. Valle Blanco, Res. Estratosfera Valencia, 2001 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.130 5	Nonpriority creditor's name and mailing address SM Asociados MX Rebeca Balas Levy Cordillera de los Andes, No. 110, Depto. 101, Col. Miguel Hidalgo Miguel Hildalgo, Mexico City 11000 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.130 6	Nonpriority creditor's name and mailing address SM Asociados MX Seguridad Arievea, Agente Fuente de la Templanza 83, Col. San Migu Tecamachalco, 53970 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.130 7	Nonpriority creditor's name and mailing address SM Asociados MX SM Asociados Insurgentes Sur 1020, Int 303 Col. del V Mexico, Mexico City 03100 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.130 8	Nonpriority creditor's name and mailing address SM Asociados Solucion Activa, ET, SC Fuente de Tamplanza No. 83, Col. San Mig Tecamachalco, 53970 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.130 9	Nonpriority creditor's name and mailing address Smart Data Solutions 960 Blue Gentian Road Eagan, NJ 55121 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor Global Benefits Group, Inc. Case number (if known) _____
Name

3.131 0	Nonpriority creditor's name and mailing address Smart Insurance Agency 1510 Roosevelt Ave., Suite 9A1 San Juan, PR 00920 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$139.97
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3.131 1	Nonpriority creditor's name and mailing address Social Services League M P Shah Hospital PO Box 14497 Shivachi Road Nairobi Municipality, 800 KENYA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,305.53
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3.131 2	Nonpriority creditor's name and mailing address Sofia Giovanna Castanares Vitale Av. Veracruz, Edif. Torreon Ofic. 2A Caracas, Miranda 1080 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$109.49
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3.131 3	Nonpriority creditor's name and mailing address SOHIN GENETICS SAPI DE CV Guillermo Gonz lez Camarena 1450 piso 9 Santa Fe, ?lvaro Obreg n, CDMX 1210 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,817.76
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3.131 4	Nonpriority creditor's name and mailing address Solange Bastos -United Financial Consult 4770 Biscayne Blvd. Ste. 980 Miami, FL 33137 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.07
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3.131 5	Nonpriority creditor's name and mailing address Solange Pagels La Capitanía 1098 Las Condes Santiago, 755000 CHILE Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,427.02
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Debtor Global Benefits Group, Inc. Case number (if known) _____

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3.131 6	Nonpriority creditor's name and mailing address Solidarity Bahrain BSC Solidarity General Takaful B.S.C. Of See MANAMA, 973 BAHRAIN Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.131 7	Nonpriority creditor's name and mailing address SOLUCIONES ADMINISTRATIVAS A FINALIDADES Calle Lic. Domingo M. Trevi o #127 Int. Monterrey, N.L. 64650 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,138.92 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.131 8	Nonpriority creditor's name and mailing address Sonia Carrara 8861 SW 142nd Ave Apt 9-38 Miami, FL 33137 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.131 9	Nonpriority creditor's name and mailing address Sonia Guimaraes Oliveira (Noosa Consulto Rua Indiana, 484 Apt 84 Sao Paulo, Sao Paulo 04562-000 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,171.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.132 0	Nonpriority creditor's name and mailing address South Group Intl. 400 Ponce de Leon Blvd. Suite 470 Coral Gables, FL 33146 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.132 1	Nonpriority creditor's name and mailing address Specialty Insurance Solutions, Inc. 9121 Redbud Lane Lenexa, KS 66220 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Name

3.132 2	Nonpriority creditor's name and mailing address Speire Capital Inc Carrera 7 # 127-48 oficina 1008 Bogot , Bogot D.C. 110110 COLOMBIA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.00
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3.132 3	Nonpriority creditor's name and mailing address Speridian Technologies LLC 2400 Louisiana Blvd NE Bldg 3 Albuquerque, NM 87110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,638.89
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3.132 4	Nonpriority creditor's name and mailing address SSE Space Management LLC 569 Canal Street New Smyrna Beach, FL 32168 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.132 5	Nonpriority creditor's name and mailing address Stacey Savidge 3280 Cypress Creek Drive Lauderdale-by-the-Sea, FL 33062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.132 6	Nonpriority creditor's name and mailing address Staci Leone 124 Ridgelyfield Drive South Windsor, CT 06074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.132 7	Nonpriority creditor's name and mailing address Stackable Sensations 2200 Route 10 West Suite 206 Parsippany, NJ 07054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.132 8	Nonpriority creditor's name and mailing address Staples Business Advantage Dept LA P.O. Box 83689 Chicago, IL 60696-3689 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor Global Benefits Group, Inc. Case number (if known) _____
Name

3.133
9 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$126.00
Star Healthcare Network Gigi
Grobstein
120 Bloomingdale Road, Suite 304
White Plains, NY 10605
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____ **Basis for the claim:** Broker
Last 4 digits of account number _____ Is the claim subject to offset? ☒ No ☐ Yes

3.133
0 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$20,044.57
STARLIGHT MEDICAL CARE S.A. DE C.V.
Gabriel Mancera 740B, Colonia del
Valle
Ciudad de M xico, CDMX 30100
MEXICO
☒ Contingent
☐ Unliquidated
☒ Disputed
Date(s) debt was incurred _____ **Basis for the claim:** Provider
Last 4 digits of account number _____ Is the claim subject to offset? ☒ No ☐ Yes

3.133
1 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$2,199.70
STARLIGHT MEDICAL CARE S.A. DE C.V.
Gabriel Mancera 740B Colonia del
Valle C
Cuidad Mexico, 30100
MEXICO
☒ Contingent
☐ Unliquidated
☒ Disputed
Date(s) debt was incurred _____ **Basis for the claim:** Provider
Last 4 digits of account number _____ Is the claim subject to offset? ☒ No ☐ Yes

3.133
2 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Steffi Ortiz
13534 SW 62nd Lane
Miami, FL 33183
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____ **Basis for the claim:** For notice purposes only
Last 4 digits of account number _____ Is the claim subject to offset? ☒ No ☐ Yes

3.133
3 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$28.15
Stephen Boush
1321 Upland Drive, Suite 2602
Houston, TX 77043
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____ **Basis for the claim:** Broker
Last 4 digits of account number _____ Is the claim subject to offset? ☒ No ☐ Yes

3.133
4 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Stephen Rich
19 Grandview Avenue
Stamford, CT 06905
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____ **Basis for the claim:** For notice purposes only
Last 4 digits of account number _____ Is the claim subject to offset? ☒ No ☐ Yes

3.133
5 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Sterling Security Technologies Corp
5757 Blue Lagoon Drive
Suite 160
Miami, FL 33126
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____ **Basis for the claim:** AP/Vendor
Last 4 digits of account number _____ Is the claim subject to offset? ☒ No ☐ Yes

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3.133
6 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Steve Le
25111 Windwood Lane
Lake Forest, CA 92630
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: For notice purposes only
Is the claim subject to offset? ☒ No ☐ Yes

3.133
7 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Straker Translations
3400 N Ashton Blvd
Suite 150
Lehi, UT 84043
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: AP/Vendor
Is the claim subject to offset? ☒ No ☐ Yes

3.133
8 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$55.66
Strength International Investments
Av. B con B1, Quinta Gina Caurimare
Caracas, 1070
VENEZUELA
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Broker
Is the claim subject to offset? ☒ No ☐ Yes

3.133
9 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$5,071.20
Studies Careto
PO Box 228450
Doral, FL 33222
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Broker
Is the claim subject to offset? ☒ No ☐ Yes

3.134
0 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$55,200.00
SugarCRM, Inc
548 Market Street
San Francisco, CA 94104
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: AP/Vendor
Is the claim subject to offset? ☒ No ☐ Yes

3.134
1 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Sunnysideup Ideas Inc
1321 NE 160th St
North Miami Beach, FL 33162
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: AP/Vendor
Is the claim subject to offset? ☒ No ☐ Yes

3.134
2 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$51.78
Susadi Corp Susadi Corp
ICAZA, GONZALEZ-RUIZ & ALEMAN (BVI)
TRUST
Building 1, Secogs
Road Town, Tortola VG1110
BRITISH VIRGIN ISLANDS
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Broker
Is the claim subject to offset? ☒ No ☐ Yes

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3.134 3	Nonpriority creditor's name and mailing address Susana May Misiones 1487 Montevideo, 11100 URUGUAY Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,475.41
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3.134 4	Nonpriority creditor's name and mailing address Suzie Lee 39 Russell Court Matawan, NJ 07747 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.134 5	Nonpriority creditor's name and mailing address Sven Thorslund 1600 SW 13th Avenue Miami, FL 33145 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.134 6	Nonpriority creditor's name and mailing address Switch Ltd. Switch PO Box 400850 Las Vegas, NV 89140 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.134 7	Nonpriority creditor's name and mailing address Sylvia Fernandez Strunz 75 Norte, Escuela Vello Horizonte Cond. San Jose, 10201 COSTA RICA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.134 8	Nonpriority creditor's name and mailing address Tamara Kivatinetz Luis Maria Campos 387 C 1426 Buenos Aires, Buenos Aires 1426 ARGENTINA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8.71
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3.134 9	Nonpriority creditor's name and mailing address Tara Stafford 261 McKeithen Drive #26 Alexandria, LA 71303 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Global Benefits Group, Inc. <small>Name</small>		Case number (if known)
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3.135 0	Nonpriority creditor's name and mailing address Tatiana Ammar Salles Palhares 3802 NE 207th Street #2704 Aventura, FL 33180 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$128.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.135 1	Nonpriority creditor's name and mailing address Tatiana Catalina Mendoza Toro Cll 27 Sur #28 - 100 Apto 505 Arroyo de la Honda Envigado Ant Medellin, 55421 COLOMBIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$61.17 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.135 2	Nonpriority creditor's name and mailing address Tatiana Essucy 14970 SW 48th Terrace, Apt E Miami, FL 33185 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.135 3	Nonpriority creditor's name and mailing address Tatiana Yuki Kubo AV DR HUGO BEOLCHI, 620 Apt 1104 Villa Guarani, Sao Paulo 04310-030 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$224.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.135 4	Nonpriority creditor's name and mailing address Technology Trade (Tt) LTD. Ritter House 5th Floor PO Box 3200 Tortola, 1110 BRITISH VIRGIN ISLANDS Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$278.18 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.135 5	Nonpriority creditor's name and mailing address Tee Yaah 420 Mechanic Street Orange, NJ 07050 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Global Benefits Group, Inc. Case number (if known) _____

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3.135 6	Nonpriority creditor's name and mailing address Teladoc Health International Via Augusta 252-260 2nd floor 8017 Barcelona, 8017 SPAIN Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,903.32
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3.135 7	Nonpriority creditor's name and mailing address TelePacific Communications PO Box 123279 Dept. 3279 Dallas, TX 75312-3279 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,223.42
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3.135 8	Nonpriority creditor's name and mailing address Tell Equities Inc 5030 Champion Boulevard, G11 Box 144 Boca Raton, FL 33496 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$243.76
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3.135 9	Nonpriority creditor's name and mailing address TERAPIAS DE INFUSION DE MEXICO SA DE CV Av M xico 197, Colonia Condesa, Cuauht m Ciudad de M xico CDMX 6100 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,854.37
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3.136 0	Nonpriority creditor's name and mailing address Teresa Flbbe 308 Fourth Avenue Newtown Square, PA 19073 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.136 1	Nonpriority creditor's name and mailing address Teresa LaVecchia 49 Stanford Court Irvine, CA 92612 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor Global Benefits Group, Inc. Case number (if known) _____

Name

3.136 2	Nonpriority creditor's name and mailing address Teresa Maria Perdigao Ferreira Marinho RUA CARLOS GOMES, N 101 APTO. 15 SANTOS, S?o Paulo 11075-671 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$61.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.136 3	Nonpriority creditor's name and mailing address Teri Frank 39 Camarin Street Foothill Ranch, CA 92610 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.136 4	Nonpriority creditor's name and mailing address Thais Fernandex 21373 Town Lakes Drive Apt 1516 Boca Raton, FL 33486 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.136 5	Nonpriority creditor's name and mailing address The Aga Khan University Hospital 3rd Parklands Avenue Doctor's Plaza Nairobi, 30270-0010 KENYA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,018.54 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.136 6	Nonpriority creditor's name and mailing address THE AMERICAN BRITISH COWDRAY MEDICAL CEN Sur 136 Numero 116, COL. Las Americas, D Ciudad de M xico, CDMX 1120 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$41,749.48 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.136 7	Nonpriority creditor's name and mailing address THE AMERICAN BRITISH COWDRAY MEDICAL CEN SUR 136 NO. 116 COL. LAS AMERICAS DEL AL Cuidad Mexico, 1120 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$54,090.46 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Global Benefits Group, Inc. Case number (if known) _____

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3.136 8	Nonpriority creditor's name and mailing address The Joni Agency Suite 41, de Verteuil Street Woodbrook Port of Spain TRINIDAD AND TOBAGO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,509.15
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3.136 9	Nonpriority creditor's name and mailing address The Sovereign Group ALTATA 51-103, COL. HIPODROMO, DEL. CUAU Mexico City, CDMX 6100 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,585.86
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3.137 0	Nonpriority creditor's name and mailing address Thiago DOs Santos 7470 NW 36th Street Lauderhill, FL 33319 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.137 1	Nonpriority creditor's name and mailing address Thomas Sauer Unknown Vienna, Vienna 99999 AUSTRIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168.38
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3.137 2	Nonpriority creditor's name and mailing address Ticiana Carvalho Rua ministro armando de Alencar, 16/502 Rio de Janeiro, Rio de Janeiro 22471080 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$510.11
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3.137 3	Nonpriority creditor's name and mailing address Tilleke & Gibbins Myanmar Limited No 1608 16th Floor Kyauktada, NY 22210 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.137 4	Nonpriority creditor's name and mailing address Tipping Point Prolongacion Paseo de La Reforma #51, In Mexico City, CDMX 1330 MEXICO Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.137 5	Nonpriority creditor's name and mailing address TODD CANATELLA DDS 4428 Conlin Street Metairie, LA 70006 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$445.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.137 6	Nonpriority creditor's name and mailing address Tonya Jackson 12021 Lansdowne Rd. Austin, TX 78754 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.137 7	Nonpriority creditor's name and mailing address Top Stack 1200 Atwater Drive Suite 185 Malvern, PA 19355 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.137 8	Nonpriority creditor's name and mailing address Towne Centre Office Partners LLC 2766 Sand Hill Road Suite 200 Menlo Park, CA 94025 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$139,038.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.137 9	Nonpriority creditor's name and mailing address Trader Group Company LLC 2446 Seven Oaks Drive Saint Cloud, FL 34772 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$183.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.138 0	Nonpriority creditor's name and mailing address Trafalgar Travel Limited 14 Garelli Ave Kingston, Kingston 10 JAMAICA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Global Benefits Group, Inc. Case number (if known) _____

Name

3.138
1 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$785.00
Transform Studios
9450 SW Gemini Drive
Beaverton, OR 97008-7105
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: AP/Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.138
2 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Tricia McWeeney
10538 Stonybrook Avenue
South Gate, CA 90280
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: For notice purposes only

Is the claim subject to offset? ☒ No ☐ Yes

3.138
3 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$4,852.21
TripDoctor Insurance LLC
51 Huff Terrace
Montvale, NJ 07645
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Broker

Is the claim subject to offset? ☒ No ☐ Yes

3.138
4 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$4,852.21
TripDoctor Insurance LLC
51 Huff Terrace
Montvale, NJ 07645
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Broker

Is the claim subject to offset? ☒ No ☐ Yes

3.138
5 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Troutman Pepper Hamilton Sanders
LLP
301 Carnegie Centre
Suite 300
Princeton, NJ 08540
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: AP/Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.138
6 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$51.61
Twylite Investments SA
Av. Ernesto Blohm, C.C.C.T., Nivel
C2,
Sector Yarey Oficina MZ04B
Caracas, Miranda 1061
VENEZUELA
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Broker

Is the claim subject to offset? ☒ No ☐ Yes

Debtor Global Benefits Group, Inc.
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3.138 7	Nonpriority creditor's name and mailing address Twylite Investments SA Av. Ernesto Blohm, C.C.C.T. Nivel C2, Sector Yarey Oficina MZ04B Caracas, Miranda 1061 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,694.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.138 8	Nonpriority creditor's name and mailing address Twylite Investments SA (Jorge Luis Faro Calle El Pauji, Residencias Mirador del Apto B5B Caracas, Miranda 1083 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$51.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.138 9	Nonpriority creditor's name and mailing address UCLA DEPT OF MEDICINE PROFESSI FILE 55737 Los Angeles, CA 90074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$76.80 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.139 0	Nonpriority creditor's name and mailing address UFC - Andrew D Wright 4770 Biscayne Blvd. Ste. 980 Miami, FL 33137 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$267.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.139 1	Nonpriority creditor's name and mailing address UFC - Richard Mclaws 4770 Biscayne Blvd. Ste. 980 Miami, FL 33137 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$347.16 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.139 2	Nonpriority creditor's name and mailing address UINTA ACADEMY RTC 3746 S 4800 W Wellsville, UT 84339 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,480.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Global Benefits Group, Inc. Case number (if known) _____
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3.139 3	Nonpriority creditor's name and mailing address UMHG. Po Box 402005 Atlanta, GA 30384 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85,420.82
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3.139 4	Nonpriority creditor's name and mailing address Un. Fin. Con. Carmen Alicia Estrada De 15450 SW 159th St Miami, FL 33187 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58.95
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3.139 5	Nonpriority creditor's name and mailing address Unicare Medical Center s.r.o Na Dlouh m l nu 563/11, 160 00 Praha 6-V Prague, 160 00 CZECH REPUBLIC Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.139 6	Nonpriority creditor's name and mailing address UNIDAD VIAS DIGESTIVAS SANTA SOFIA UNIVI Av. Principal con calle Santa Ana. Urb. Caracas, 1061 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,790.00
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3.139 7	Nonpriority creditor's name and mailing address Unihealth 18-20, Le Pollet St Peter Port, GY1 1WH GUERNSEY Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.139 8	Nonpriority creditor's name and mailing address Unique Int Group Inc Mossfon Building, 2nd floor, East 5457 Panama City, 0832-0886 PANAMA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,703.08
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3.139 9	Nonpriority creditor's name and mailing address United Family Fengshang Clinic 689 Yunle Road Shanghai, 201107 CHINA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$222.14 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.140 0	Nonpriority creditor's name and mailing address United Family Quankou Clinic 8 Quankou Road, Changning District, Shanghai, 200336 CHINA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,262.85 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.140 1	Nonpriority creditor's name and mailing address United Fin. Con. Intertrade Fin. Con. Gr 4770 Biscayne Blvd. Ste. 980 Miami, FL 33137 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$421.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.140 2	Nonpriority creditor's name and mailing address United Financial Consultants Caulton Chr ZAFarrington Dr. Kingston, Kingston 6 JAMAICA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,346.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.140 3	Nonpriority creditor's name and mailing address United Financial Consultants Claudia Lup Nerine Chambers PO Box 905 Roadtown, Tortola VG1110 BRITISH VIRGIN ISLANDS Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$87.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.140 4	Nonpriority creditor's name and mailing address United Financial Consultants Interameric 4770 Biscayne Blvd.Suite 950 Miami, Florida 33137-0000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,239.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.140 5	Nonpriority creditor's name and mailing address United Financial Consultants Joel Downer 31 Armour Glades Drive Kingston, Kingston 8 JAMAICA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.140 6	Nonpriority creditor's name and mailing address United Financial Consultants Karla Maria 4770 Biscayne Blvd. Ste. 980 Miami, FL 33137 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.140 7	Nonpriority creditor's name and mailing address United Financial Consultants Sandra Brow 28 Norway Terrace, Kingston 8 Kingston, Kingston 8 JAMAICA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$405.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.140 8	Nonpriority creditor's name and mailing address United Financial Consultants Tell Equiti 4770 Biscayne Blvd. Ste. 980 Miami, FL 33137 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$23.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.140 9	Nonpriority creditor's name and mailing address United Financial Consultants West Coast 4770 Biscayne Blvd. Ste. 980 Miami, FL 33137 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$565.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.141 0	Nonpriority creditor's name and mailing address United Healthcare Services, Inc. 9700 Health Care Lane Minnetonka, MN 55343 Date(s) debt was incurred <u>0</u> Last 4 digits of account number <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.141 1	Nonpriority creditor's name and mailing address Unity Advisers Management Inc Av. T-9, N. 2310 , Jd. America Sala 410A Goiania, Goiania 74255-220 BRAZIL Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$155.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.141 2	Nonpriority creditor's name and mailing address UNIVERSITY OF PENN MEDICAL GROUP PO BOX 824320 Philadelphia, PA 19182 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed </div> <div style="border-bottom: 1px solid black; width: 150px; text-align: right;">\$222.00</div> </div> Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.141 3	Nonpriority creditor's name and mailing address UpToDate, Inc PO Box 412094 Boston, MA 02241-2094 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> <div style="border-bottom: 1px solid black; width: 150px; text-align: right;">\$0.00</div> </div> Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.141 4	Nonpriority creditor's name and mailing address UROLOGICO SAN ROMAN CA Calle Chivacoa Seccion San Romas Edif uro Caracas, Miranda 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed </div> <div style="border-bottom: 1px solid black; width: 150px; text-align: right;">\$500.00</div> </div> Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.141 5	Nonpriority creditor's name and mailing address Ursula Ricketts Paul de Beaudiez 268 A San Isidro Lima 2 Lima, 15076 PERU Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> <div style="border-bottom: 1px solid black; width: 150px; text-align: right;">\$192.50</div> </div> Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.141 6	Nonpriority creditor's name and mailing address Value Care Insurance Av. Sojo, T Orre Onix, Piso 1, Oficina 1 Caracas, Miranda 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> <div style="border-bottom: 1px solid black; width: 150px; text-align: right;">\$742.40</div> </div> Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.141 7	Nonpriority creditor's name and mailing address Vanessa Biagioni Zuazua Calle 12 residencia Los Robles, Torre II Caracas, Miranda 1080 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> <div style="border-bottom: 1px solid black; width: 150px; text-align: right;">\$2.00</div> </div> Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.141
8 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Vanessa Hernandez
21497 SW 87th Court
Cutler Bay, FL 33189
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: For notice purposes only
Is the claim subject to offset? ☒ No ☐ Yes

3.141
9 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Vanessa Javier
9907 NW 9th Street Circle #12
Miami, FL 33172
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: For notice purposes only
Is the claim subject to offset? ☒ No ☐ Yes

3.142
0 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Vanial Corp
PH Molon Tower, Piso 5, Calle
Aquilino d
Ciudad de Panama, Panam 0823-02435
PANAMA
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Broker
Is the claim subject to offset? ☒ No ☐ Yes

3.142
1 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$171.55
Vanial Corp.
1835 NE Miami Gardens Dr. #369
North Miami Beach, FL 33169
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Broker
Is the claim subject to offset? ☒ No ☐ Yes

3.142
2 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$93.95
Vante Planejamento & Consultoria
LTDA.
Avenida Marques de Sao Vicente,
2219-15
Sao Paulo, 05036-040
BRAZIL
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Broker
Is the claim subject to offset? ☒ No ☐ Yes

3.142
3 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$828,644.15
Vantiv
8500 Governors Hill Drive
Symmes Township, OH 45249-1384
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: AP/Vendor
Is the claim subject to offset? ☒ No ☐ Yes

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3.142 4	Nonpriority creditor's name and mailing address VAYAC SAPI SA DE CV (VFARMA) CALLE JIMENEZ 465, COL. CENTRO, MONTERREY, NUEVO LEON 66200 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98,613.22
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3.142 5	Nonpriority creditor's name and mailing address VAYAC SAPI SA DE CV (VFARMA) CALLE JIMENEZ 465 COL. CENTRO Monterrey, Nuevo Leon 66200 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,267.40
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3.142 6	Nonpriority creditor's name and mailing address Vera Lucia Evangelista Barreto Rua Assembleia 93 2001 Rua Bambina 60 80 Rio de Janeiro, Rio de Janeiro 20011001 BRAZIL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.69
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3.142 7	Nonpriority creditor's name and mailing address Vernwood Financial Services 34 Highland Road Amersham, Buckinghamshire HP7 9AX UNITED KINGDOM Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.142 8	Nonpriority creditor's name and mailing address Vicente Rodrigo Bosch Calle Guanipa edf Loma Alta Piso 3-B Colinas de bello Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$916.60
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3.142 9	Nonpriority creditor's name and mailing address Victor Babino Torre la Previsora - Sabana Grande Piso 11 Caracas, Miranda 1052 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.41
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3.143 0	Nonpriority creditor's name and mailing address Victor Fan 1527 New Garden Road Apt. 3G Greensboro, NC 27410 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.143 1	Nonpriority creditor's name and mailing address Victor Hugo Tortolero Celis Urb. Camino de la Mendera, Casa 3-14, Fi Cabudare, Lara 3023 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108.18
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3.143 2	Nonpriority creditor's name and mailing address Victoria Bollenback 15378 W. 50th Place Golden, CO 80403 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.143 3	Nonpriority creditor's name and mailing address Vielledent Sisniega Y Asociados 5825 Via Cuesta Dr. El Paso, TX 79912 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.23
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3.143 4	Nonpriority creditor's name and mailing address Vig Austria VIGAustria Schottenring 30, P.O. Box 80, Vienna, A-1011 AUSTRIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,431.10
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3.143 5	Nonpriority creditor's name and mailing address Vig Austria VIGAustria Schottenring 30, P.O. Box 80, Vienna, A-1011 AUSTRIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$111.06
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3.143 6	Nonpriority creditor's name and mailing address Vincenzo D`Angelo Buccafuschi AV CIRCUNVALACI?N QTA. PAX URB. LOMAS DE Caracas, Miranda 1081 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.80
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<div style="border: 1px solid black; padding: 2px;">3.143 7</div>	Nonpriority creditor's name and mailing address Violeta Maria Herrada Aparicia Av, Paez Calle Araguaney Edif. Palazzo S Piso 2 Apto 2-4 El Paraesa Caracas, 1070 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<div style="border: 1px solid black; padding: 2px;">3.143 8</div>	Nonpriority creditor's name and mailing address Vip Global Brokers Caracas Caracas Capital District, 1060 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$3,587.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<div style="border: 1px solid black; padding: 2px;">3.143 9</div>	Nonpriority creditor's name and mailing address Virtru Corporation 1801 Pennsylvania Ave NW 5th Floor 0 Washington, DC 20006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<div style="border: 1px solid black; padding: 2px;">3.144 0</div>	Nonpriority creditor's name and mailing address Vitality International Limited Inc Av. San Juan Bosco, Torre Centro Altamir Piso 16 Urb. Altamira Caracas Miranda, 1062 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$7.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<div style="border: 1px solid black; padding: 2px;">3.144 1</div>	Nonpriority creditor's name and mailing address VIVIAN HOBAICA MORFFE 4ta Av. con 5ta transversal, edif. Kaban Apto 1A. Caracas - Venezuela, 1060 VENEZUELA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$0.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<div style="border: 1px solid black; padding: 2px;">3.144 2</div>	Nonpriority creditor's name and mailing address Viviana Arlet Rodriguez Huerta Calle San Juan #5007 B Franco Terrazas D Tijuana, CP 22665 MEXICO Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> _____ \$2,747.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.144 3	Nonpriority creditor's name and mailing address VSP Vision Service Plan (CA) P.O. Box 45210 0 San Francisco, CA 94145-5210 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.144 4	Nonpriority creditor's name and mailing address W A Here Inc. PO Box 557125 Miami, FL 33255 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,711.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.144 5	Nonpriority creditor's name and mailing address Walter Nan 700 Milam St. Ste. 1300 Houston, TX 77002 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$149.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.144 6	Nonpriority creditor's name and mailing address WeinsureEverything LLC 501 E Las Olas Blvd. Ste. 244 Ft. Lauderdale, FL 33301 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.144 7	Nonpriority creditor's name and mailing address Wellem Shanghai Xintiandi Clinic Room 216, Building 2, Link Square, 202 H Shanghai, 200336 CHINA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$104.46 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.144 8	Nonpriority creditor's name and mailing address Wellness Enter Emma de la Barra 353, Dique 4, Puerto Ma Buenos Aires, C1107BXA ARGENTINA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,289.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.144 9	Nonpriority creditor's name and mailing address Wendy Karina Moya Pena Av. Romulo Gallegos, Edificio Dakbur Piso 3 Apto 3 Oficina Centro Lido, Torre Caracas, 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13.11 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.145 0	Nonpriority creditor's name and mailing address Wendy Karina Moya Pena Av. Romulo Gallegos, Ed. Dankdun Piso 5 Los Ruices Caracas, 1070 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.145 1	Nonpriority creditor's name and mailing address West Boca Medical Center PO BOX 741249 Atlanta, GA 30374 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$22,741.95 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.145 2	Nonpriority creditor's name and mailing address West Coast United LTD Vanter Pool Plaza, 2nd Floor Tortola, VG1110 BVI Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,696.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.145 3	Nonpriority creditor's name and mailing address Will Kennedy 260 Hawthorne Ave. Haddonfield, NJ 08033 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.145 4	Nonpriority creditor's name and mailing address William J Bracho 10010 Belle Rive Blvd. Apt. 207 Jacksonville, FL 32256 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Global Benefits Group, Inc. Case number (if known) _____

Name

3.145 5	Nonpriority creditor's name and mailing address Willis Towers Watson (Cambodia) Insuranc 466 Mao Tse Toung Boulevard (245) Phnom Penh, Khan Tuol Kouk 12250 CAMBODIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,317.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.145 6	Nonpriority creditor's name and mailing address Willis Towers Watson (Cambodia) Insuranc 466 Mao Tse Toung Boulevard (245) Phnom Penh, Khan Tuol Kouk 12250 CAMBODIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,329.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.145 7	Nonpriority creditor's name and mailing address Willis Towers Watson (Cambodia) Insuranc 466 Mao Tse Toung Boulevard (245) Phnom Penh, Khan Tuol Kouk 12250 CAMBODIA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.145 8	Nonpriority creditor's name and mailing address Wilmer Efren Ambrossi Sotomayor Calle Adela Martinez Casa 14 y 11 Aya Tr Lima, 15038 PERU Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$175.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.145 9	Nonpriority creditor's name and mailing address Wilmington Shared Services Ltd USD (AXCO 10 Whitechapel High Street 5th Floor 0 London, E1 8QS UNITED KINGDOM Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$43,377.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.146 0	Nonpriority creditor's name and mailing address Windstream 4001 Rodney Parham Road Little Rock, AR 72212 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Global Benefits Group, Inc. Name		Case number (if known)
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3.146 1	Nonpriority creditor's name and mailing address Wolters Kluwer (NILS) 33082 Collection Center Drive Chicago, IL 92610 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,750.00
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3.146 2	Nonpriority creditor's name and mailing address Worldwide Broker Network 315 Montgomer Street Suite 900 San Francisco, CA 94104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.146 3	Nonpriority creditor's name and mailing address Worldwide Express 135 San Lorenzo Avenue PH-850 Coral Gables, FL 33146 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,282.43
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3.146 4	Nonpriority creditor's name and mailing address Ximena Maria Ramirez Garcia De Zuniga 900 SW 57th St Miami, Florida 33144-0000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$433.66
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3.146 5	Nonpriority creditor's name and mailing address Xion Consulting Group CA Calle Principal Edif Resid XV Piso 9 Apt 9C Urb Lomas del Avila Caracas, Miranda 1060 VENEZUELA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$649.49
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3.146 6	Nonpriority creditor's name and mailing address XYZ Company 123 4th Avenue 101 Los Angeles, CA 91111 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP/Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.146 7	Nonpriority creditor's name and mailing address Yader Rivera 1549 SE 24th Court Homestead, FL 33035 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor Global Benefits Group, Inc. Case number (if known) _____
Name

3.146
8 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Yamil Eliezer Fuenmayor Rivas
Calle A No. A07 Urb. Las Esmeraldas
Resi
Palo Negro, Aragua 2117
VENEZUELA
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Broker
Is the claim subject to offset? ☒ No ☐ Yes

3.146
9 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Yamisleidis Quilez
6357 SW 138th Place
Hialeah, FL 33015
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: For notice purposes only
Is the claim subject to offset? ☒ No ☐ Yes

3.147
0 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Yan Santos
3355 NE 13th Circle Drive #105
Homestead, FL 33033
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: For notice purposes only
Is the claim subject to offset? ☒ No ☐ Yes

3.147
1 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$290.94
Yesmar Del Carmen Perez Moreno
chortaban 2 res villa 5
apt 5024
Caracas, 1070
VENEZUELA
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Broker
Is the claim subject to offset? ☒ No ☐ Yes

3.147
2 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Yirka Marban
15400 Durnford Drive
Miami Lakes, FL 33014
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: For notice purposes only
Is the claim subject to offset? ☒ No ☐ Yes

3.147
3 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Yoel Leyva
5690 SW 72 Ave.
Miami, FL 33143
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: For notice purposes only
Is the claim subject to offset? ☒ No ☐ Yes

3.147
4 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Yohanna Carolina Montes Duarte
244 Adams Street, Unit 4
Newton, MA 02458
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Broker
Is the claim subject to offset? ☒ No ☐ Yes

Debtor Global Benefits Group, Inc. Case number (if known) _____
Name

3.147
5 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$101.02
Yoly Magdalena Sanchez de Perozo
Entre Av Facultad y Las Ciencias,
C/ Los
Caracas, 1070
VENEZUELA
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Broker
Is the claim subject to offset? ☒ No ☐ Yes

3.147
6 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Yvonne Rogers
5100 USAA Blvd.
Apt. 1404
San Antonio, TX 78240
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: For notice purposes only
Is the claim subject to offset? ☒ No ☐ Yes

3.147
7 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Zelis Payments Holdings LLC
777 Office Parkway
St Louis, MO 63141
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: AP/Vendor
Is the claim subject to offset? ☒ No ☐ Yes

3.147
8 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$400,000.00
Zhibao Technology (Shanghai) Co.,
Ltd.
Room 2104 No.868 Yinghua Road
Pudong New
Shanghai, 200120
CHINA
Date(s) debt was incurred _____
Last 4 digits of account number _____
☒ Contingent
☐ Unliquidated
☒ Disputed
Basis for the claim: AP/Vendor
Is the claim subject to offset? ☒ No ☐ Yes

3.147
9 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Zilghean Gadea
10350 NW 5th Terrace
Miami, FL 33172
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: For notice purposes only
Is the claim subject to offset? ☒ No ☐ Yes

3.148
0 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00
Zuldy Leslie Salazar Carriazo
Urb. Sabana Larza Calle 127, Edif.
Marle
Valencia, Carabobo 2001
VENEZUELA
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Broker
Is the claim subject to offset? ☒ No ☐ Yes

Debtor Global Benefits Group, Inc. Case number (if known) _____
Name

3.148 1	Nonpriority creditor's name and mailing address Zunnette Artigas 14854 SW 24th Street Miami, FL 33185 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
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Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

		Total of claim amounts
5a.	\$	0.00
5b.	+	11,877,285.66
5c.	\$	11,877,285.66

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
District of New Jersey**

In re Global Benefits Group, Inc.

Debtor(s)

Case No.

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
- | | | |
|---|----|---|
| For legal services, I have agreed to accept | \$ | <u>Hourly Rates</u> |
| Prior to the filing of this statement I have received | \$ | <u>\$650,000</u> |
| Balance Due | \$ | <u>Fees & Expenses as</u> awarded by
the Court |
2. The source of the compensation paid to me was:
- ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is:
- ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

June 18, 2024

Date

/s/ S. Jason Teele

S. Jason Teele 014012001

Signature of Attorney

Sills Cummis & Gross P.C.

One Riverfront Plaza

Newark, NJ 07102

(973) 643-4779

steele@sillscummis.com

Name of law firm

**United States Bankruptcy Court
District of New Jersey**

In re Global Benefits Group, Inc.

Debtor(s)

Case No.
Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
GBG Insurance Limited c/o Teneo Financial Advisory Ltd. The Colmore Building 20 Colmore Circus Queensway Birmingham, B4 6AT			100%

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Authorized Officer of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date June 18, 2024

Signature /s/ Howard Ehrlich
Howard Ehrlich

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
District of New Jersey**

In re Global Benefits Group, Inc.

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the Authorized Officer of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: June 18, 2024

/s/ Howard Ehrlich

Howard Ehrlich/Authorized Officer
Signer/Title

1000 Waterford Operating LP
730 Third Avenue
New York, NY 10017

3rd Park Hospital
Park Medical Centre, 3rd Parklands Ave
9th floor, 100
Nairobi
KENYA

4i Kat. Insurance Brokers Ltd
3 Dimitri Liperti
P.O.Box 47508 Athienou
Larnaka
CYPRUS

Abelardo Jose Esaa Gonzalez
Urb Terrazas del Avila Calle 3 Res El Tu
apto 11-C
Caracas, Estado Miranda 1073
VENEZUELA

ABMIX SOLUCOES EM SEGUROS LTDA
Rua Padre Adelino, 2074
Sala 22
Tatuape, Sao Paulo 03303-000
BRAZIL

Abrahan Ricardo Pfeffer Almeida
Centro Empresarial Don Bosco, Ofc. Ofc.
Los Cortijos de Lourdes
Caracas, 1071
VENEZUELA

AC Lock & Key Corp.
6141 SW 8th Street
Miami, FL 33144

Academic Assembly, Inc
290 South Shore Drive
Wurtsboro, New York 12790-0000

Academic Health Plans Terry Lyons
1452 Hughes Rd, Suite 350
Grapevine, TX 76051

Access One Insurance, LLC Victor Garcia
1900 Palm Bay Road NE Suite B
Palm Bay, FL 32905

AccusourceHR
P.O. Box 844445
Los Angeles, CA 90084-4445

ACMENXT Ltda
Palm Grove House PO Box 438 Road Town
Tortola, VG1110
BRITISH VIRGIN ISLANDS

ACS Primary Care Physicians
PO Box 635003
Cincinnati, OH 45263-5003

Act-On Software, Inc (Erin Wallace)
121 SW Morrison Street Suite 1600
Portland, OR 97207

Adam Ressler
5021 Winding View Lane
Raleigh, NC 27615

Adiutum S.A.
Canelones 1090
Montevideo, Montevideo 11.111
URUGUAY

Adolfo Vilanova
Avenida Mohedano entre Calle Los Granado
Caracas, 1060
VENEZUELA

Adrian Sekkel
Felix Berenguer # 125 3er Piso Of 6Lomas
Mexico City , CDMX 11000
MEXICO

Adriana De Alvarenga Netto Martins
Ritter House 5th Floor PO Box 3200 Road
Tortola, VG1110
BRITISH VIRGIN ISLANDS

Adriana Uma a
Cre Leste #700-61
Apt #401
Bogota, 11010
COLOMBIA

Adriana Ximena Luque Quintero
Av. Venezuela, El Llanito,
Piso 1, Apto 2
Caracas, 1010
VENEZUELA

ADVANCED MEDICAL VISION
7500 NW 25th St
Miami, FL 33122

Advanced Networks & Cabling Services
18921 77th Ct
Hialeah, FL 33015

Adventist Health Hospital
40 Stubbs Rd
Happy Valley
HONG KONG

AER Medical LLC dba Borealis Heart
1200 Airport Heights Dr STE 200
Anchorage, AK 99508

AG Gatti Consultoria
Rua Rodolfo Troppmair 49
Sao Paulo, S?o Paulo 04001-010
BRAZIL

Agencia Benefits
Av. Delicias, Calle 89B,
Torre Empresarial, Piso 2
Caracas, 1010
VENEZUELA

Aileen De La Milagrosa Olivo Ludert
Urb. Manongo Conjunto Residencial Sta. T
Apto 2-4-D
Caracas, Carabobo 1010
VENEZUELA

Aimdar Advisory Group Inc
555 Madison Ave 5th Floor
New York, NY 10022

Aizhan Askarbayeva
279 Lake St, Apt. 1B
Brooklyn, NY 11223

Alan Shulman
28 Meer Dr.
Feasterville Trevose, PA 19053

Albert Cheng
127 Yellow Iris
Irvine, CA 92618

Alberto Jose Alcala Reyes
Calle Panama, Quinta Otro Dia,
Colinas Acacias, 1010
VENEZUELA

Alberto Sisniega Enriquez
25511 Budde Rd
Suite 1802
Spring, TX 77380

Aldo Black
90 SW 3rd Street, Apt 3411
Miami, FL 33130

Alef Group Inc.
Marbella, 54th East Street #34
Panama City
PANAMA

Alejandra Nahas Sanchez
Av. Ricardo Margain # 444, San Pedro Gar
Nuevo Leon, 66266
MEXICO

Alejandro Daniel Mejias Sarmiento
Avenida Circunvalacion del sol, Calle ve
Piso2 Apt 2-C Santa Paula
Caracas, 1010
VENEZUELA

Alejandro Marquez
Calle 90 #130
bogota, 10221
COLOMBIA

Alejandro Morillo Fiorillo
Calle La Guarita Edif Los Frailes
Piso 1 Ofic 101
Caracas, 1061
VENEZUELA

Alejandro Vega Rodriguez
Carrera 54D, No. 134-51,
Torre 2, Apto. 1103, Haci
bogota, Bogot D.C., 111111
COLOMBIA

Alejo Fortique Schmidke
Quinta Prisma, Calle Genesis,
Urb. Santa Paula
Caracas, 1061
VENEZUELA

Alessandra Angelo
22592 Sea Bass Drive
Boca Raton, FL 33428

Alessandro Wassilieff
Rua Gal. Severiano, 180
Apt # 1010
Botagofo, Rio de Janeiro 22290-040
BRAZIL

Alex Ditch
1022 Chamblee Court
West Chester, PA 19380

Alex Perez
8100 SW 205th Street
Cutler Bay, FL 33189

Alexander Flores
9601 SW 142nd Avenue #702
Miami, FL 33186

Alexander Gerardo Murrillo Gamboa
Santa Ana, 125 metros norte de la,
cruz roja Centro Commercial Terrafla lo
San Jose, 10901
COSTA RICA

Alexander Ospina Rubio
Carrera 43b#62 sur-09
Suite 202
Sabaneta, Antioquia 901824
COLOMBIA

Alexander Scott Allen
1227 Park Lane
West Palm Beach, FL 33417

Alexandra Bermudez
9101 SW 1221nd Avenue, Apt 203
Miami, FL 33186

Alfredo Willson - United Financial Consu
4770 Biscayne Blvd. Ste. 980
Miami, FL 33137

Alice Cesareti
Rua Cerro Cor , 585
Torre I - Cj 310
Sao Paulo, Sao Paulo 05061-150
BRAZIL

Alicia Del Valle Duben Villarroel
Avenida Paez, Sector La Montana, Conjunt
Piso 8, Apartamento 8-C, El
Caracas Capital District, 1020
VENEZUELA

Alicia Veronica Cabanas
Colonia General Manuel Arce. Av. Indepen
San Salvador, San Salvador 1101
EL SALVADOR

Alicia Vizcaino
13182 SW 9th Lane
Miami, FL 33184

Aline Cairo
8109 NW 48th Terrace
Doral, FL 33166

Allan Habif Kleiman
Via Villa Florence #18-802 V
illa Florence Jesus Del Monte
Mexico City, CDMX 52763
MEXICO

Allegis Group Holdings Inc.
PO Box 198568
Atlanta, GA 30384-8568

Alliance International Advisors
Av. Francisco de Miranda, Edificio Caven
Piso Los Palos Grandes
Caracas Capital District, 1050
VENEZUELA

Alliance Marketing Group, Inc
Turquesa #2100 Suite 103 Bucare
Guaynabo, PR 00969

Allied Universal Compliance and Investig
P.O. Box 749411
Atlanta, GA 30374-9411

Alliedbankers Insurance Corporation
17/F Federal Tower Building Dasmarinas S
Manila, Metro Manila 1225
PHILIPPINES

Allyson Mena
8642 Claridge Drive
Miramar, FL 33025

Alpha International Insurance Broker AG
Meierhofstrasse 2 PO Box 1604
Principality of Liechtenstein, Vaduz 949
AUSTRIA

Alta Vista Operations Inc
Road Town Tortola
Tortola, VG1110
BVI

Alvaro Augusto Sanchez Masson
Rus Marques de Itu, 79
Apto 141
Sao Paulo, S?o Paulo 01223-011
BRAZIL

Alvaro Cesar Almaral
Los Chorros, Av. El Rosario, Urb. La Est
Caracas, Miranda 1071
VENEZUELA

Alvaro Sucre G.
Calle A Qta. 1 Urb. Santa Marta
Caracas, Miranda 1071
VENEZUELA

Alvaro Torres
13551 S.W. 199 Terr
Miami, FL 33177

Alviarez Financial and Insurance Service
14328 SW 10 ST
Pembroke Pines, FL 33027

AM Global Agency
Av. Francisco de Miranda, Edificio Caven
Piso Los Palos Grandes
Caracas Capital District, 1050
VENEZUELA

AM Global Group Corp
Calle La Guairita, Edif. Los Frailes,
Piso 1 Ofic. 101
Caracas, 1070
VENEZUELA

Amanda Clendenen
14913 Salamander Place
Tampa, FL 33625

Amanda Cruz Gonzalez
Diagonal 23 C Bis No. 88B-10 Interior 15
Apto. 504
Bogota, 110110
COLOMBIA

Amelia Fernandez
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Sao Paulo, 05036-040
BRAZIL

Vantiv
8500 Governors Hill Drive
Symmes Township, OH 45249-1384

VAYAC SAPI SA DE CV (VFARMA)
CALLE JIMENEZ 465, COL. CENTRO,
MONTERREY, NUEVO LEON 66200
MEXICO

VAYAC SAPI SA DE CV (VFARMA)
CALLE JIMENEZ 465 COL. CENTRO
Monterrey, Nuevo Leon 66200
MEXICO

Vera Lucia Evangelista Barreto
Rua Assembleia 93 2001 Rua Bambina 60 80
Rio de Janeiro, Rio de Janeiro 20011001
BRAZIL

Vernwood Financial Services
34 Highland Road
Amersham, Buckinghamshire HP7 9AX
UNITED KINGDOM

Vicente Rodrigo Bosch
Calle Guanipa edf Loma Alta
Piso 3-B Colinas de bello
Caracas, 1070
VENEZUELA

Victor Babino
Torre la Previsora - Sabana Grande
Piso 11
Caracas, Miranda 1052
VENEZUELA

Victor Fan
1527 New Garden Road
Apt. 3G
Greensboro, NC 27410

Victor Hugo Tortolero Celis
Urb. Camino de la Mendera, Casa 3-14, Fi
Cabudare, Lara 3023
VENEZUELA

Victoria Bollenback
15378 W. 50th Place
Golden, CO 80403

Vielledent Sisniega Y Asociados
5825 Via Cuesta Dr.
El Paso, TX 79912

Vig Austria VIGAustria
Schottenring 30, P.O. Box 80,
Vienna, A-1011
AUSTRIA

Vincenzo D`Angelo Buccafuschi
AV CIRCUNVALACION QTA. PAX URB. LOMAS DE
Caracas, Miranda 1081
VENEZUELA

Violeta Maria Herrada Aparicia
Av, Paez Calle Araguaney Edif. Palazzo S
Piso 2 Apto 2-4 El Paraesa
Caracas, 1070
VENEZUELA

Vip Global Brokers
Caracas
Caracas Capital District, 1060
VENEZUELA

Virtru Corporation
1801 Pennsylvania Ave NW
5th Floor
0
Washington, DC 20006

Vitality International Limited Inc
Av. San Juan Bosco, Torre Centro Altamir
Piso 16 Urb. Altamira
Caracas Miranda, 1062
VENEZUELA

VIVIAN HOBAICA MORFFE
4ta Av. con 5ta transversal, edif. Kaban
Apto 1A.
Caracas - Venezuela, 1060
VENEZUELA

Viviana Arlet Rodriguez Huerta
Calle San Juan #5007 B Franco Terrazas D
Tijuana, CP 22665
MEXICO

VSP
Vision Service Plan (CA)
P.O. Box 45210
0
San Francisco, CA 94145-5210

W A Here Inc.
PO Box 557125
Miami, FL 33255

Walter Nan
700 Milam St. Ste. 1300
Houston, TX 77002

WeinsureEverything LLC
501 E Las Olas Blvd. Ste. 244
Ft. Lauderdale, FL 33301

Wellem Shaghai Xintiandi Clinic
Room 216, Building 2, Link Square, 202 H
Shanghai, 200336
CHINA

Wellness Enter
Emma de la Barra 353, Dique 4, Puerto Ma
Buenos Aires, C1107BXA
ARGENTINA

Wendy Karina Moya Pena
Av. Romulo Gallegos, Edificio Dakbur
Piso 3 Apto 3 Oficina Centro Lido, Torre
Caracas, 1060
VENEZUELA

Wendy Karina Moya Pena
Av. Romulo Gallegos, Ed. Dankdun
Piso 5 Los Ruices
Caracas, 1070
VENEZUELA

West Boca Medical Center
PO BOX 741249
Atlanta, GA 30374

West Coast United LTD
Vanter Pool Plaza, 2nd Floor
Tortola, VG1110
BVI

West Virginia Attorney General
State Capitol Complex
Building 1m Room E-26
1900 Kanawha Blvd. E
Charleston, WV 25305

West Virginia Tax Division
PO Box 1005
Charleston, WV 25324

Will Kennedy
260 Hawthorne Ave.
Haddonfield, NJ 08033

William J Bracho
10010 Belle Rive Blvd. Apt. 207
Jacksonville, FL 32256

Willis Towers Watson (Cambodia) Insuranc
466 Mao Tse Toung Boulevard (245)
Phnom Penh, Khan Tuol Kouk 12250
CAMBODIA

Wilmer Efren Ambrossi Sotomayor
Calle Adela Martinez Casa 14 y 11 Aya Tr
Lima, 15038
PERU

Wilmington Shared Services Ltd USD (AXCO
10 Whitechapel High Street
5th Floor 0
London, E1 8QS
UNITED KINGDOM

Windstream
4001 Rodney Parham Road
Little Rock, AR 72212

Wolters Kluwer (NILS)
33082 Collection Center Drive
Chicago, IL 92610

Worldwide Broker Network
315 Montgomer Street
Suite 900
San Francisco, CA 94104

Worldwide Express
135 San Lorenzo Avenue PH-850
Coral Gables, FL 33146

Ximena Maria Ramirez Garcia De Zuniga
900 SW 57th St
Miami, Florida 33144-0000

Xion Consulting Group CA
Calle Principal Edif Resid XV
Piso 9 Apt 9C Urb Lomas del Avila
Caracas, Miranda 1060
VENEZUELA

XYZ Company
123 4th Avenue
101
Los Angeles, CA 91111

Yader Rivera
1549 SE 24th Court
Homestead, FL 33035

Yamil Eliezer Fuenmayor Rivas
Calle A No. A07 Urb. Las Esmeraldas Resi
Palo Negro, Aragua 2117
VENEZUELA

Yamisleidis Quilez
6357 SW 138th Place
Hialeah, FL 33015

Yan Santos
3355 NE 13th Circle Drive #105
Homestead, FL 33033

Yesmar Del Carmen Perez Moreno
chortaban 2 res villa 5
apt 5024
Caracas, 1070
VENEZUELA

Yirka Marban
15400 Durnford Drive
Miami Lakes, FL 33014

Yoel Leyva
5690 SW 72 Ave.
Miami, FL 33143

Yohanna Carolina Montes Duarte
244 Adams Street, Unit 4
Newton, MA 02458

Yoly Magdalena Sanchez de Perozo
Entre Av Facultad y Las Ciencias, C/ Los
Caracas, 1070
VENEZUELA

Yvonne Rogers
5100 USAA Blvd.
Apt. 1404
San Antonio, TX 78240

Zelis Payments Holdings LLC
777 Office Parkway
St Louis, MO 63141

Zhibao Technology (Shanghai) Co., Ltd.
Room 2104 No.868 Yinghua Road Pudong New
Shanghai, 200120
CHINA

Zilghean Gadea
10350 NW 5th Terrace
Miami, FL 33172

Zuldy Leslie Salazar Carriazo
Urb. Sabana Larza Calle 127, Edif. Marle
Valencia, Carabobo 2001
VENEZUELA

Zunnette Artigas
14854 SW 24th Street
Miami, FL 33185

**United States Bankruptcy Court
District of New Jersey**

In re Global Benefits Group, Inc.

Debtor(s)

Case No.

Chapter 11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Global Benefits Group, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

GBG Insurance Limited
c/o Teneo Financial Advisory Ltd.
The Colmore Building
20 Colmore Circus Queensway
Birmingham, B4 6AT

☐ None [Check if applicable]

June 18, 2024

Date

/s/ S. Jason Teele

S. Jason Teele 014012001

Signature of Attorney or Litigant

Counsel for Global Benefits Group, Inc.

Sills Cummis & Gross P.C.

One Riverfront Plaza
Newark, NJ 07102
(973) 643-4779
steele@sillscummis.com



October 20, 2023

Melissa Santanello,
Chief Financial Officer
Global Benefits Group Inc.
902 Carnegie Center, Suite 100
Princeton, NJ 08540

Dear Ms. Santanello,

PwC US Tax LLP ("we" or "us" or "PwC") has prepared the U.S. Corporation Income Tax Returns Form 1120 and the U.S. Income Tax Return of a Foreign Corporation, Form 1120-F for Global Benefits Group Inc. ("you" or "Client") for the tax year beginning January 1, 2022 through December 31, 2022. We are providing the returns pursuant to the engagement letter dated May 24, 2023.

Filing Instructions

Enclosed with this letter is a Form 8879-CORP, IRS E-file Signature Authorization for Form 1120 and Form 1120-F, signed by PwC as preparer and electronic return originator ("ERO"). As ERO, PwC has e-filed your December 31, 2022 Federal income tax return to the IRS.

The individual signing these returns is ultimately responsible for the correctness of the returns. Please retain a copy of the returns for your records. There may be significant penalties and interest imposed by the IRS for the late or incomplete filing of the returns.

Caveats & Limitations

Your tax return was prepared from books, records, and schedules provided by you without independent verification by PwC and are based upon the representations, documents, facts, and assumptions that have been provided by you with the assumption that such information is accurate, true, and authentic.

As you are aware, for federal income tax purposes, IRC Section 6662(e) and the related regulations impose penalties in cases of substantial tax understatements attributable to transfer pricing adjustments. In accordance with the regulations, the penalties are equal to 20% or 40% of the additional tax assessed, depending upon the level of understatement. If the IRS determines that the tax reported on the return examined is understated, then penalties will be assessed unless a taxpayer has reasonable cause for the understatement and acted in good faith in establishing its intercompany transfer prices. The IRS has indicated that contemporaneous documentation is a relevant factor in determining whether the taxpayer has acted with reasonable cause and in good faith, particularly for transactions after April 21, 1993. As such, contemporaneous documentation is needed in order to avoid exposure to these penalties - as specified in the regulations under IRC Section 6662(e) - in connection with any tax return filed that includes transactions covered by these regulations. The regulations require that such contemporaneous documentation be in place at the time the return is filed and be made available to the IRS within 30 days of a request for such documentation in order to qualify for the exception to the penalties.



Global Benefits Group Inc.
October 20, 2023

The positions reached in these returns represent and are based upon our best judgment regarding the application of federal or state income tax laws arising under the Internal Revenue Code, judicial decisions, administrative regulations, published rulings and other tax authorities existing as of the date of these returns. The positions taken on the returns are not binding upon the IRS or the courts and there is no guarantee that the IRS will not successfully assert a contrary position. Furthermore, no assurance can be given that future legislative or administrative changes, on either a prospective or retroactive basis, would not adversely affect the accuracy of the conclusions stated herein. Matters concerning changes in the laws and regulations or its interpretation which may occur after delivery of the returns are outside the scope of our engagement.

* * * * *

If we may be of further assistance, or if you have any questions about this engagement, please discuss with Raheem Spivey at (917) 214-5650 or raheem.spivey@pwc.com.

Sincerely,

DocuSigned by:
Raheem Spivey
AAE7D95FBCF1481...

Raheem Spivey, Managing Director

Enclosures:

Exhibit I - Detail Listing of Returns



Global Benefits Group Inc.
October 20, 2023

Exhibit I - Global Benefits Group Inc.

Detail Listing of Returns Prepared

Entity Name	Jurisdiction	Return Form	E-File Form (if E-Filed)	Filing Method (E-File or Paper)	Mailing Address (if Paper Filed)	Return Due Date	Amount Due (Refund Due)	Notes
GBG Insurance Limited	Federal	1120-F	8879-CORP	E-file	N/A	10/16/2023	NONE	N/A
GBG U.S. Group Holding Company and Sub	Federal	1120	8879-CORP	E-file	N/A	10/16/2023	NONE	N/A
GBGI Limited	Federal	1120-F	8879-CORP	E-file	N/A	10/16/2023	NONE	N/A
Global Benefits Group, Inc. and Sub	Federal	1120	8879-CORP	E-file	N/A	10/16/2023	NONE	N/A

Electronic Return Acknowledgement

Tax Year 2022

Return No 13049920232895009726

Taxpayer Global Benefits Group Inc and Subs/2022 Tax Compliance

EFIN 130499

Return Identification Number 13049920232895009726

Filing Type Description Federal Return

Tax Period Begin Date 01/01/2022

Tax Period End Date 12/31/2022

Return Status Accepted

Transmission Date and Timestamp 10/16/2023 03:32:06 PM

IRS Received Date 10/16/2023

Electronic Return Acknowledgement

Tax Year 2022

Return No 13049920231075002471

Taxpayer Global Benefits Group Inc and Subs/2022 Tax Compliance

EFIN 130499

Return Identification Number 13049920231075002471

Filing Type Description Federal Extension

Tax Period Begin Date 01/01/2022

Tax Period End Date 12/31/2022

Return Status Accepted

Transmission Date and Timestamp 04/17/2023 06:55:31 PM



Global Benefits Group Inc and Subs
Instructions for Filing
Form 8879-Corp
IRS e-file Signature Authorization for Form 1120
for the year ended December 31, 2022

The original form should be signed (using full name and title) and dated by an authorized officer of the corporation.

The signed form should be returned on or before October 16, 2023 to:

PwC US Tax LLP
300 MADISON AVENUE
NEW YORK, NY 10017

This return indicates a \$260,300 overpayment. Of this amount, \$0 will be refunded to you and \$260,300 has been applied to your 2023 estimated tax.

Do NOT separately file Form 1120 with the Internal Revenue Service. Doing so will delay the processing of your return.

We must receive your signed form before we can electronically transmit your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance.

Carryovers to Next Year
=====

Non-SRLY NOL	38,525,243.
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Form **8879-CORP****E-file Authorization for Corporations**

(December 2022)

For calendar year 2022, or tax year beginning _____, 2022, ending _____

Use for efile authorizations for Form 1120, 1120-F or 1120S.**Do not send to the IRS. Keep for your records.****Go to www.irs.gov/Form8879CORP for the latest information.**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

Name of corporation

Employer identification number

Global Benefits Group Inc and Subs20-3842750**Part I Information** (Whole dollars only)

1 Total income (Form 1120, line 11)	1	<u>88,191,803.</u>
2 Total income (Form 1120-F, Section II, line 11)	2	
3 Total income (loss) (Form 1120-S, line 6)	3	

Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize PwC US Tax LLP to enter my PIN 4 6 6 5 3 as my signature
ERO firm name do not enter all zeros
 on the corporation's electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's electronically filed income tax return.

DocuSigned by:

Howard Enslin

Officer's signature

45A1469E59414CC...Date 10/16/2023Title Director**Part III Certification and Authentication****ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.1 3 0 4 9 9 1 3 4 0 0do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

DocuSigned by:

Raheem Spivey

ERO's signature

AAE7D95FBCF1481...

Date

ERO Must Retain This Form - See Instructions**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

Form **8879-CORP** (12-2022)

1120

U.S. Corporation Income Tax Return

OMB No. 1545-0123

Form
Department of the Treasury
Internal Revenue Service

For calendar year 2022 or tax year beginning

, ending

Go to www.irs.gov/Form1120 for instructions and the latest information.**2022****A Check if:**

- 1a Consolidated return (attach Form 851) ☒
- b Life/nonlife consolidated return ☐
- 2 Personal holding co. (attach Sch. PH) ☐
- 3 Personal service corp. (see instructions) ☐

- 4 Schedule M-3 attached ☒

**TYPE
OR
PRINT**

Name

Global Benefits Group Inc and Subs

Number, street, and room or suite no. If a P.O. box, see instructions.

27051 Towne Centre Drive, #210

City or town, state or province, country, and ZIP or foreign postal code

FOOTHILL RANCH, CA 92610

B Employer identification number

20-3842750

C Date incorporated

11/28/2005

D Total assets (see instructions)

\$ 85,092,775.

E Check if:

(1)

Initial return

(2)

Final return

(3)

Name change

(4)

Address change

Income	1 a	Gross receipts or sales	1a	73,302,265.	
	b	Returns and allowances	1b		
	c	Balance. Subtract line 1b from line 1a	1c	73,302,265.	
	2	Cost of goods sold (attach Form 1125-A)	2		
	3	Gross profit. Subtract line 2 from line 1c	3	73,302,265.	
	4	Dividends and inclusions (Schedule C, line 23)	4	357,200.	
	5	Interest	5		
	6	Gross rents	6		
	7	Gross royalties	7		
	8	Capital gain net income (attach Schedule D (Form 1120))	8		
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9		
10	Other income (see instructions - attach statement)	10	See Statement. 3.	14,532,338.	
11	Total income. Add lines 3 through 10	11		88,191,803.	
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (see instructions - attach Form 1125-E)	12		
	13	Salaries and wages (less employment credits)	13	21,367,568.	
	14	Repairs and maintenance	14		
	15	Bad debts	15		
	16	Rents	16	769,386.	
	17	Taxes and licenses	17	See Statement. 4.	1,430,547.
	18	Interest (see instructions)	18		180,082.
	19	Charitable contributions	19	See Statement. 5.	
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20		2,269,360.
	21	Depletion	21		
	22	Advertising	22		1,593,974.
	23	Pension, profit-sharing, etc., plans	23		1,848,177.
	24	Employee benefit programs	24		3,214,157.
	25	Reserved for future use	25		
	26	Other deductions (attach statement)	26	See Statement. 6.	56,760,629.
	27	Total deductions. Add lines 12 through 26	27		89,433,880.
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28		-1,242,077.
29a	Net operating loss deduction (see instructions)	29a	NONE		
b	Special deductions (Schedule C, line 24)	29b			
c	Add lines 29a and 29b	29c		NONE	
Tax, Refundable Credits, and Payments	30	Taxable income. Subtract line 29c from line 28. See instructions	30		-1,242,077.
	31	Total tax (Schedule J, Part I, line 11)	31		
	32	Reserved for future use	32		
	33	Total payments and credits (Schedule J, Part III, line 23)	33		260,300.
	34	Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>	34		
	35	Amount owed. If line 33 is smaller than the total of lines 31 and 34, enter amount owed	35		
	36	Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid	36		260,300.
37	Enter amount from line 36 you want: Credited to 2023 estimated tax 260,300. Refunded	37			

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of Officer Howard Enrich
 Signature of Officer Howard Enrich

Date 10/16/2023Title Director

May the IRS discuss this return with the preparer shown below?

See instructions. ☒ Yes ☐ No**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

P01372345

Firm's name PwC US Tax LLP

AAE7D95FBCF1481...

Firm's EIN

92-0460586

Firm's address 300 MADISON AVENUE

Phone no.

646-471-3000

NEW YORK, NY 10017

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120** (2022)

Form **7004**
(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Application for Automatic Extension of Time To File Certain
Business Income Tax, Information, and Other Returns**

OMB No. 1545-0233

▶ File a separate application for each return.

▶ Go to www.irs.gov/Form7004 for instructions and the latest information.

**Print
or
Type**

Name

Identifying number

Global Benefits Group Inc and Subs

20-3842750

Number, street, and room or suite no. (If P.O. box, see instructions.)

27422 PORTOLA PARKWAY - SUITE 100

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)

FOOTHILL RANCH, CA 92610

Note: File request for extension by the due date of the return. See instructions before completing this form.**Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns.** See instructions.1 Enter the form code for the return listed below that this application is for. 1 2

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

Part II All Filers Must Complete This Part

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here. ☐
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here. ☒
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application. See Statement 1
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here. ☐
- 5a The application is for calendar year 20 22, or tax year beginning _____, 20 ____, and ending _____, 20 ____
- b **Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions - attach explanation)
- | | | |
|---|---|------|
| 6 Tentative total tax | 6 | NONE |
| 7 Total payments and credits. See instructions | 7 | NONE |
| 8 Balance due. Subtract line 7 from line 6. See instructions | 8 | NONE |

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **7004** (Rev. 12-2018)

Schedule C Dividends, Inclusions, and Special Deductions (see instructions)	(a) Dividends and inclusions	(b) %	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock).		50	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock).		65	
3 Dividends on certain debt-financed stock of domestic and foreign corporations .		See instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities. . .		23.3	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities . . .		26.7	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs. . .		50	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs . . .		65	
8 Dividends from wholly owned foreign subsidiaries		100	
9 Subtotal. Add lines 1 through 8. See instructions for limitations		See instructions	
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from affiliated group members		100	
12 Dividends from certain FSCs		100	
13 Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions)		100	
14 Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15 Reserved for future use			
16a Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
b Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)			
c Other inclusions from CFCs under subpart F not included on line 16a, 16b, or 17 (attach Form(s) 5471) (see instructions)			
17 Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992)	357,200.		
18 Gross-up for foreign taxes deemed paid			
19 IC-DISC and former DISC dividends not included on line 1, 2, or 3			
20 Other dividends			
21 Deduction for dividends paid on certain preferred stock of public utilities			
22 Section 250 deduction (attach Form 8993)			
23 Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4	357,200.		
24 Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b			

Schedule J Tax Computation and Payment (see instructions)

Part I - Tax Computation

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions	<input checked="" type="checkbox"/>		
2	Income tax. See instructions		2	
3	Base erosion minimum tax amount (attach Form 8991)		3	
4	Add lines 2 and 3		4	
5a	Foreign tax credit (attach Form 1118)	5a		
b	Credit from Form 8834 (see instructions)	5b		
c	General business credit (attach Form 3800)	5c		
d	Credit for prior year minimum tax (attach Form 8827)	5d		
e	Bond credits from Form 8912	5e		
6	Total credits. Add lines 5a through 5e		6	
7	Subtract line 6 from line 4		7	
8	Personal holding company tax (attach Schedule PH (Form 1120))		8	
9a	Recapture of investment credit (attach Form 4255)	9a		
b	Recapture of low-income housing credit (attach Form 8611)	9b		
c	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	9c		
d	Interest due under the look-back method - income forecast method (attach Form 8866)	9d		
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e		
f	Interest/tax due under section 453A(c) and/or section 453(l)	9f		
g	Other (see instructions - attach statement)	9g		
10	Total. Add lines 9a through 9g		10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31		11	

Part II - Reserved For Future Use

12	Reserved for future use	12	
----	-------------------------	----	--

Part III - Payments and Refundable Credits

13	2021 overpayment credited to 2022	13	
14	2022 estimated tax payments	14	260,300.
15	2022 refund applied for on Form 4466	15	()
16	Combine lines 13, 14, and 15	16	260,300.
17	Tax deposited with Form 7004	17	NONE
18	Withholding (see instructions)	18	
19	Total payments. Add lines 16, 17, and 18	19	260,300.
20	Refundable credits from:		
a	Form 2439	20a	
b	Form 4136	20b	
c	Reserved for future use	20c	
d	Other (attach statement - see instructions)	20d	
21	Total credits. Add lines 20a through 20d	21	
22	Reserved for future use	22	
23	Total payments and credits. Add lines 19 and 21. Enter here and on page 1, line 33	23	260,300.

Form **1120** (2022)

Form 1120 (2022)

Page 4

Schedule K Other Information (see instructions)

1	Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. <u>524210</u>		
b	Business activity <u>BROKER</u>		
c	Product or service <u>INSURANCE PRODUCTS</u>		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter name and EIN of the parent corporation _____		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G).	X	
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G).		X
5	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851 , Affiliations Schedule? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below. <u>See Statement 12</u>	X	
(i) Name of Corporation		(ii) Employer Identification Number (if any)	(iii) Country of Incorporation
			(iv) Percentage Owned in Voting Stock
b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below.		X
(i) Name of Entity		(ii) Employer Identification Number (if any)	(iii) Country of Organization
			(iv) Maximum Percentage Owned in Profit, Loss, or Capital
6	During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 If "Yes," file Form 5452 , Corporate Report of Nondividend Distributions. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.		X
7	At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? For rules of attribution, see section 318. If "Yes," enter: (a) Percentage owned <u>100.000</u> and (b) Owner's country <u>GK</u> (c) The corporation may have to file Form 5472 , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached <u>3</u>	X	
8	Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.		
9	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
10	Enter the number of shareholders at the end of the tax year (if 100 or fewer) <u>1</u>		
11	If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions) . . . <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.		
12	Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.). \$ <u>37,283,166.</u>		

Form 1120 (2022)

Form 1120 (2022)

Page 5

Schedule K Other Information (continued from page 4)

	Yes	No
13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?		X
If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year \$ _____		
14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions		X
If "Yes," complete and attach Schedule UTP.		
15 a Did the corporation make any payments in 2022 that would require it to file Form(s) 1099?	X	
b If "Yes," did or will the corporation file required Form(s) 1099?	X	
16 During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?		X
17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		X
18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?		X
19 During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?		X
20 Is the corporation operating on a cooperative basis?		X
21 During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions		X
If "Yes," enter the total amount of the disallowed deductions \$ _____		
22 Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3))		X
If "Yes," complete and attach Form 8991.		
23 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24 Does the corporation satisfy one or more of the following? See instructions		X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$27 million and the corporation has business interest expense.		
c The corporation is a tax shelter and the corporation has business interest expense.		
If "Yes," complete and attach Form 8990.		
25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter amount from Form 8996, line 15 \$ _____		
26 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions		X
Percentage: By Vote		
By Value		

Form 1120 (2022)

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		11,774,017.		9,439,592.
2a	Trade notes and accounts receivable . .	44,936,882.		18,246.	
b	Less allowance for bad debts	()	44,936,882.	()	18,246.
3	Inventories		NONE		NONE
4	U.S. government obligations				
5	Tax-exempt securities (see instructions) .				
6	Other current assets (attach statement) .	Stmt 17	25,402,951.		59,030,406.
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)		1,309,685.		1,129,603.
10a	Buildings and other depreciable assets . .	17,188,584.		24,130,294.	
b	Less accumulated depreciation	(12,906,758.)	4,281,826.	(13,692,828.)	10,437,466.
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only) . .	4,618,817.		4,618,817.	
b	Less accumulated amortization	()	4,618,817.	()	4,618,817.
14	Other assets (attach statement)	Stmt 19	2,974,650.		418,645.
15	Total assets		95,298,828.		85,092,775.
Liabilities and Shareholders' Equity					
16	Accounts payable		18,719,149.		1,352,858.
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)	Stmt 21	126,127,245.		137,808,499.
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)	Stmt 23	81,238.		NONE
22	Capital stock: a Preferred stock				
b	Common stock	1,118.	1,118.	1,117.	1,117.
23	Additional paid-in capital		4,664,124.		4,664,124.
24	Retained earnings - Appropriated (attach statement)				
25	Retained earnings - Unappropriated . . .		-54,694,046.		-59,133,823.
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		(-400,000.)		(-400,000.)
28	Total liabilities and shareholders' equity .		95,298,828.		85,092,775.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books		7	Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$ _____	
2	Federal income tax per books		8	Deductions on this return not charged against book income this year (itemize): a Depreciation \$ _____ b Charitable contributions . \$ _____	
3	Excess of capital losses over capital gains		9	Add lines 7 and 8	
4	Income subject to tax not recorded on books this year (itemize): _____		10	Income (page 1, line 28) - line 6 less line 9	
5	Expenses recorded on books this year not deducted on this return (itemize): a Depreciation \$ _____ b Charitable contributions . \$ _____ c Travel and entertainment . \$ _____				
6	Add lines 1 through 5				

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Schedule L, Line 25)

1	Balance at beginning of year	-54,694,046.	5	Distributions: a Cash	
2	Net income (loss) per books	-4,507,548.	b	Stock	
3	Other increases (itemize): _____		c	Property	
	See Statement 26	13,844,533.	6	Other decreases (itemize) Stmt 26	13,776,762.
4	Add lines 1, 2, and 3	-45,357,061.	7	Add lines 5 and 6	13,776,762.
			8	Balance at end of year (line 4 less line 7)	-59,133,823.

**SCHEDULE G
(Form 1120)**(Rev. December 2011)
Department of the Treasury
Internal Revenue Service**Information on Certain Persons Owning the
Corporation's Voting Stock**▶ Attach to Form 1120.
▶ See instructions on page 2.

OMB No. 1545-0123

Name	Employer identification number (EIN)
Global Benefits Group Inc and Subs	20-3842750

Part I **Certain Entities Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Percentage Owned in Voting Stock
GBG INSURANCE LIMTIED	98-1289938	CORPORATION	GK	100.000

Part II **Certain Individuals and Estates Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4b). Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Percentage Owned in Voting Stock

SCHEDULE N
(Form 1120)Department of the Treasury
Internal Revenue Service**Foreign Operations of U.S. Corporations**

Attach to Form 1120, 1120-C, 1120-IC-DISC, 1120-L, 1120-PC, 1120-REIT, 1120-RIC, or 1120-S.

Go to www.irs.gov/Form1120 for the latest information.

OMB No. 1545-0123

2022

Name

Global Benefits Group Inc and Subs

Employer identification number (EIN)

20-3842750

Foreign Operations Information

	Yes	No
1a During the tax year, did the corporation own (directly or indirectly) any foreign entity that was disregarded as an entity separate from its owner under Regulations sections 301.7701-2 and 301.7701-3 or did the corporation own (directly or indirectly) any foreign branch (see instructions)?		X
If "Yes," you are generally required to attach Form 8858 , Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), for each FDE and for each FB (see instructions).		
b Enter the number of Forms 8858 attached to the corporation's tax return.		
2 Enter the number of Forms 8865 , Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to the corporation's tax return.		
3 Excluding any partnership for which a Form 8865 is attached to the tax return, did the corporation own at least a 10% interest, directly or indirectly, in any other foreign partnership (including an entity treated as a foreign partnership under Regulations section 301.7701-2 or 301.7701-3)? If "Yes," see instructions for required statement.		X
4a Reserved for future use.		
b Enter the number of Forms 5471 , Information Return of U.S. Persons With Respect to Certain Foreign Corporations, attached to the corporation's tax return. <u>8</u>		
5 During the tax year, did the corporation receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the corporation may have to file Form 3520 , Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts.		X
6a At any time during the 2022 calendar year, did the corporation have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country?	X	
b See the instructions for exceptions and filing requirements for FinCEN Form 114 , Report of Foreign Bank and Financial Accounts (FBAR). See Statement 27 If "Yes," enter the name of the foreign country <u>OC</u>		
7a Is the corporation claiming the extraterritorial income exclusion? If "Yes," attach a separate Form 8873 , Extraterritorial Income Exclusion, for each transaction or group of transactions.		X
b Enter the number of Forms 8873 attached to the tax return.		
c Enter the total of the amounts from line 52 (extraterritorial income exclusion (net of disallowed deductions)) of all Forms 8873 attached to the tax return \$		
8 Was the corporation a specified domestic entity required to file Form 8938 for the tax year (see the Instructions for Form 8938)?		X

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule N (Form 1120) 2022

**SCHEDULE O
(Form 1120)**

(Rev. December 2018)

Department of the Treasury
Internal Revenue Service**Consent Plan and Apportionment Schedule
for a Controlled Group**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name <u>Global Benefits Group Inc and Subs</u>	Employer identification number <u>20-3842750</u>
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Part I Apportionment Plan Information

1 Type of controlled group:

- a ☒ Parent-subsidiary group
- b ☐ Brother-sister group
- c ☐ Combined group
- d ☐ Life insurance companies only

2 This corporation has been a member of this group:

- a ☒ For the entire year.
- b ☐ From _____, until _____.

3 This corporation consents and represents to:

- a ☐ Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.
- b ☐ Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending _____, and for all succeeding tax years.
- c ☐ Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d ☐ Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a ☐ Elected by the component members of the group.
- b ☐ Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a ☒ No apportionment plan is in effect and none is being adopted.
- b ☐ An apportionment plan is already in effect. It was adopted for the tax year ending _____, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency?

See instructions.

- a ☐ Yes.
- (i) ☐ The statute of limitations for this year will expire on _____.
- (ii) ☐ On _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____.
- b ☐ No. The members may not adopt or amend an apportionment plan.

7 ☐ If the corporation has a short tax year that does not include December 31, check the box. See instructions.

Schedule O (Form 1120) (Rev. 12-2018)

Page **2**

Part II **Apportionment** (See instructions)

(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	Apportionment		
			(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
1 _____ Global Benefits Group, Inc. & Subs	20-3842750	2022-12	NONE	NONE	NONE
2 _____ GBG U.S. Group Holding Company & Subs	30-1271279	2022-12	NONE	NONE	NONE
3 _____					
4 _____					
5 _____					
6 _____					
7 _____					
8 _____					
9 _____					
10 _____					
Total			NONE	NONE	NONE

Schedule O (Form 1120) (Rev. 12-2018)

**SCHEDULE B
(Form 1120)**

(Rev. December 2018)

Department of the Treasury
Internal Revenue Service**Additional Information for Schedule M-3 Filers**

OMB No. 1545-0123

► **Attach to Form 1120.**► **Go to www.irs.gov/Form1120 for the latest information.**

Name Global Benefits Group Inc		Employer identification number (EIN) 20-3842750	
1	Does any amount reported on Schedule M-3 (Form 1120), Part II, line 9 or 10, column (d), reflect allocations to this corporation from a partnership of income, gain, loss, deduction, or credit that are disproportionate to this corporation's capital contribution to the partnership or its ratio for sharing other items of the partnership?	Yes	No
			X
2	At any time during the tax year, did the corporation sell, exchange, or transfer any interest in an intangible asset to a related person as defined in section 267(b)?		X
3	At any time during the tax year, did the corporation acquire any interest in an intangible asset from a related person as defined in section 267(b)?		X
4a	During the tax year, did the corporation enter into a cost-sharing arrangement with any related foreign party on whose behalf the corporation did not file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations?		X
b	At any time during the tax year, was the corporation a participant in a cost-sharing arrangement with any related foreign party on whose behalf the corporation did not file Form 5471?		X
5	At any time during the tax year, did the corporation make any change in accounting principle for financial accounting purposes? See instructions for the definition of "change in accounting principle"		X
6	At any time during the tax year, did the corporation make any change in a method of accounting for U.S. income tax purposes?		X
7	At any time during the tax year, did the corporation own any voluntary employees' beneficiary association (VEBA) trusts that were used to hold funds designated for employee benefits?		X
8	At any time during the tax year, did the corporation use an allocation method for indirect costs capitalized to self-constructed assets that varied from its financial method of accounting?		X
9	At any time during the tax year, did the corporation treat for tax purposes indirect costs, as defined in Regulations sections 1.263A-1(e)(3)(ii)(F), (G), and (H), as mixed-service costs, as defined in Regulations section 1.263A-1(e)(4)(ii)(C)?		X
10	Did the corporation, under section 118 or 362(c) and the related regulations, take a return filing position characterizing any amount as a contribution to the capital of the corporation during the tax year by any nonshareholders? Amounts so characterized may include, without limitation, incentives, inducements, money, and property.		X

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule B (Form 1120) (Rev. 12-2018)

Form **851**
(Rev. October 2016)
Department of the Treasury
Internal Revenue Service

For tax year ending

12/31/2022

Affiliations Schedule► **File with each consolidated income tax return.**

OMB No. 1545-0123

► **Information about Form 851 and its instructions is at www.irs.gov/form851.**

Name of common parent corporation **Global Benefits Group Inc** Employer identification number **20-3842750**

Number, street, and room or suite no. If a P.O. box, see instructions.

27051 Towne Centre Drive, #210

City or town, state, and ZIP code

FOOTHILL RANCH, CA

92610

Part I Overpayment Credits, Estimated Tax Payments, and Tax Deposits (see instructions)

Corp. No.	Name and address of corporation	Employer identification number	Portion of overpayment credits and estimated tax payments	Portion of tax deposited with Form 7004
1	Common parent corporation		260,300.	
2	Subsidiary corporations: GBG Administrative Services 27051 Towne Centre Drive, #210 FOOTHILL RANCH, CA 92610	26-4068764		
3	GBG Assist, Inc. 27051 Towne Centre Drive, #210 FOOTHILL RANCH, CA 92610	37-1797452		
4	International Claims Services, Inc. 27051 Towne Centre Drive, #210 FOOTHILL RANCH, CA 92610	98-0076650		
5	GBG Holdings, Inc. 27051 Towne Centre Drive, #210 FOOTHILL RANCH, CA 92610	33-0950280		
6	Global Benefits Group, US Inc. 27051 Towne Centre Drive, #210 FOOTHILL RANCH, CA 92610	20-4570749		
Totals (Must equal amounts shown on the consolidated tax return.)			260,300.	

Part II Principal Business Activity, Voting Stock Information, Etc. (see instructions)

Corp. No.	Principal business activity (PBA)	PBA Code No.	Did the subsidiary make any nondividend distributions?		Stock holdings at beginning of year			
			Yes	No	Number of shares	Percentage of voting power	Percentage of value	Owned by corporation no.
1	Common parent corporation BROKER	524210						
2	Subsidiary corporations: BROKER & ASSISTANCE	524210		X		100.00%	100.00%	1
3	BROKER	524210		X		100.00%	100.00%	1
4	BROKER	524210		X		100.00%	100.00%	1
5	BROKER	524210		X		100.00%	100.00%	1
6	BROKER	524210		X		100.00%	100.00%	1
						%	%	1

JSA For Paperwork Reduction Act Notice, see instructions.

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20-3842750

Form **851** (Rev. 10-2016)

Form **831**
(Rev. October 2016)
Department of the Treasury
Internal Revenue Service

For tax year ending 12/31/2022

► **File with each consolidated income tax return.**

OMB No. 1545-0123

► Information about Form 851 and its instructions is at www.irs.gov/form851.

Name of common parent corporation

Employer identification number

Global Benefits Group Inc

20-3842750

Number, street, and room or suite no. If a P.O. box, see instructions.

27051 Towne Centre Drive, #210

City or town, state, and ZIP code

FOOTHILL RANCH, CA

92610

Part I Overpayment Credits, Estimated Tax Payments, and Tax Deposits (see instructions)

Corp. No.	Name and address of corporation	Employer identification number	Portion of overpayment credits and estimated tax payments	Portion of tax deposited with Form 7004
	Common parent corporation			
	Subsidiary corporations:			
Totals (Must equal amounts shown on the consolidated tax return.)				

Part II Principal Business Activity, Voting Stock Information, Etc. (see instructions)

Corp. No.	Principal business activity (PBA)	PBA Code No.	Did the subsidiary make any nondividend distributions?		Stock holdings at beginning of year			
			Yes	No	Number of shares	Percentage of voting power	Percentage of value	Owned by corporation no.
	Common parent corporation							
	Subsidiary corporations:							
						%	%	1
						%	%	
						%	%	
						%	%	
						%	%	
						%	%	

Part III Changes in Stock Holdings During the Tax Year

Corp. No.	Name of corporation	Shareholder of Corporation No.	Date of transaction	(a) Changes		(b) Shares held after changes described in column (a)	
				Number of shares acquired	Number of shares disposed of	Percentage of voting power	Percentage of value
						%	%
						%	%
						%	%
						%	%
						%	%
						%	%
						%	%
						%	%

(c) If any transaction listed above caused a transfer of a share of subsidiary stock (defined to include dispositions and deconsolidations), did the share's basis exceed its value at the time of the transfer? See instructions ☐ Yes ☒ No

(d) Did any share of subsidiary stock become worthless within the meaning of section 165 (taking into account the provisions of Regulations section 1.1502-80(c)) during the taxable year? See instructions ☐ Yes ☒ No

(e) If the equitable owners of any capital stock shown above were other than the holders of record, provide details of the changes.

(f) If additional stock was issued, or if any stock was retired during the year, list the dates and amounts of these transactions.

SCHEDULE M-3**(Form 1120)**(Rev. December 2019)
Department of the Treasury
Internal Revenue Service**Net Income (Loss) Reconciliation for Corporations
With Total Assets of \$10 Million or More**

▶ Attach to Form 1120 or 1120-C.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name of corporation (common parent, if consolidated return)

Employer identification number

Global Benefits Group Inc

20-3842750

Check applicable box(es): (1) ☐ Non-consolidated return (2) ☒ Consolidated return (Form 1120 only)
(3) ☐ Mixed 1120/L/PC group (4) ☐ Dormant subsidiaries schedule attached

Part I Financial Information and Net Income (Loss) Reconciliation (see instructions)**1 a** Did the corporation file SEC Form 10-K for its income statement period ending with or within this tax year?

☐ Yes. Skip lines 1b and 1c and complete lines 2a through 11 with respect to that SEC Form 10-K.
☒ No. Go to line 1b. See instructions if multiple non-tax-basis income statements are prepared.

b Did the corporation prepare a certified audited non-tax-basis income statement for that period?

☐ Yes. Skip line 1c and complete lines 2a through 11 with respect to that income statement.
☒ No. Go to line 1c.

c Did the corporation prepare a non-tax-basis income statement for that period?

☒ Yes. Complete lines 2a through 11 with respect to that income statement.
☐ No. Skip lines 2a through 3c and enter the corporation's net income (loss) per its books and records on line 4a.

2 a Enter the income statement period: Beginning 01/01/2022 Ending 12/31/2022**b** Has the corporation's income statement been restated for the income statement period on line 2a?

☐ Yes. (If "Yes," attach an explanation and the amount of each item restated.)
☒ No.

c Has the corporation's income statement been restated for any of the five income statement periods immediately preceding the period on line 2a?

☐ Yes. (If "Yes," attach an explanation and the amount of each item restated.)
☒ No.

3 a Is any of the corporation's voting common stock publicly traded?

☐ Yes.
☒ No. If "No," go to line 4a.

b Enter the symbol of the corporation's primary U.S. publicly traded voting common stock**c** Enter the nine-digit CUSIP number of the corporation's primary publicly traded voting common stock**4 a** Worldwide consolidated net income (loss) from income statement source identified in Part I, line 1**4a** -4,507,548.**b** Indicate accounting standard used for line 4a (see instructions):(1) ☒ GAAP (2) ☐ IFRS (3) ☐ Statutory (4) ☐ Tax-basis (5) ☐ Other (specify)**5 a** Net income from nonincludible foreign entities (attach statement) Stmt. 28.**5a** ()**b** Net loss from nonincludible foreign entities (attach statement and enter as a positive amount)**5b****6 a** Net income from nonincludible U.S. entities (attach statement) Stmt. 28.**6a** ()**b** Net loss from nonincludible U.S. entities (attach statement and enter as a positive amount)**6b****7 a** Net income (loss) of other includible foreign disregarded entities (attach statement)**7a****b** Net income (loss) of other includible U.S. disregarded entities (attach statement)**7b****c** Net income (loss) of other includible entities (attach statement)**7c****8** Adjustment to eliminations of transactions between includible entities and nonincludible entities (attach statement)**8****9** Adjustment to reconcile income statement period to tax year (attach statement)**9****10 a** Intercompany dividend adjustments to reconcile to line 11 (attach statement)**10a****b** Other statutory accounting adjustments to reconcile to line 11 (attach statement)**10b****c** Other adjustments to reconcile to amount on line 11 (attach statement)**10c****11** Net income (loss) per income statement of includible corporations. Combine lines 4 through 10.**11** -4,507,548.**Note:** Part I, line 11, must equal Part II, line 30, column (a), or Schedule M-1, line 1 (see instructions).**12** Enter the total amount (not just the corporation's share) of the assets and liabilities of all entities included or removed on the following lines.

	Total Assets	Total Liabilities
a Included on Part I, line 4		
b Removed on Part I, line 5		
c Removed on Part I, line 6		
d Included on Part I, line 7		

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule M-3 (Form 1120) (Rev. 12-2019)

Name of corporation (common parent, if consolidated return)

Employer identification number

Global Benefits Group Inc

20-3842750

Check applicable box(es): (1) ☒ Consolidated group (2) ☐ Parent corp (3) ☐ Consolidated eliminations (4) ☐ Subsidiary corp (5) ☐ Mixed 1120/L/PC groupCheck if a sub-consolidated: (6) ☐ 1120 group (7) ☐ 1120 eliminations

Name of subsidiary (if consolidated return)

Employer identification number

Part II Reconciliation of Net Income (Loss) per Income Statement of Includible Corporations With Taxable Income per Return (see instructions)

Income (Loss) Items (Attach statements for lines 1 through 12)	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
1 Income (loss) from equity method foreign corporations				
2 Gross foreign dividends not previously taxed				
3 Subpart F, QEF, and similar income inclusions		2,009.	355,191.	357,200.
4 Gross-up for foreign taxes deemed paid . .				
5 Gross foreign distributions previously taxed .				
6 Income (loss) from equity method U.S. corporations				
7 U.S. dividends not eliminated in tax consolidation				
8 Minority interest for includible corporations .				
9 Income (loss) from U.S. partnerships . . .				
10 Income (loss) from foreign partnerships . .				
11 Income (loss) from other pass-through entities				
12 Items relating to reportable transactions . .				
13 Interest income (see instructions)				
14 Total accrual to cash adjustment				
15 Hedging transactions				
16 Mark-to-market income (loss)				
17 Cost of goods sold (see instructions) . . .	()			()
18 Sale versus lease (for sellers and/or lessors)				
19 Section 481(a) adjustments				
20 Unearned/deferred revenue				
21 Income recognition from long-term contracts				
22 Original issue discount and other imputed interest .				
23 a Income statement gain/loss on sale, exchange, abandonment, worthlessness, or other disposition of assets other than inventory and pass-through entities	-361,753.	361,753.		
b Gross capital gains from Schedule D, excluding amounts from pass-through entities				
c Gross capital losses from Schedule D, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses		-361,753.		-361,753.
d Net gain/loss reported on Form 4797, line 17, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses				
e Abandonment losses				
f Worthless stock losses (attach statement) . .				
g Other gain/loss on disposition of assets other than inventory				
24 Capital loss limitation and carryforward used				
25 Other income (loss) items with differences (attach statement)				
26 Total income (loss) items. Combine lines 1 through 25	-361,753.	2,009.	355,191.	-4,553.
27 Total expense/deduction items (from Part III, line 39)	-9,009,229.	2,543,602.	364,669.	-6,100,958.
28 Other items with no differences	4,863,434.			4,863,434.
29 a Mixed groups, see instructions. All others, combine lines 26 through 28	-4,507,548.	2,545,611.	719,860.	-1,242,077.
b PC insurance subgroup reconciliation totals				
c Life insurance subgroup reconciliation totals				
30 Reconciliation totals. Combine lines 29a through 29c	-4,507,548.	2,545,611.	719,860.	-1,242,077.

Note: Line 30, column (a), must equal Part I, line 11, and column (d) must equal Form 1120, page 1, line 28.

Name of corporation (common parent, if consolidated return)

Employer identification number

Global Benefits Group Inc

20-3842750

Check applicable box(es): (1) ☒ Consolidated group (2) ☐ Parent corp (3) ☐ Consolidated eliminations (4) ☐ Subsidiary corp (5) ☐ Mixed 1120/L/PC groupCheck if a sub-consolidated: (6) ☐ 1120 group (7) ☐ 1120 eliminations

Name of subsidiary (if consolidated return)

Employer identification number

Part III Reconciliation of Net Income (Loss) per Income Statement of Includible Corporations With Taxable Income per Return - Expense/Deduction Items (see instructions)

Expense/Deduction Items	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1 U.S. current income tax expense	277,010.		-277,010.	
2 U.S. deferred income tax expense				
3 State and local current income tax expense	28,441.	16,568.		45,009.
4 State and local deferred income tax expense				
5 Foreign current income tax expense (other than foreign withholding taxes)				
6 Foreign deferred income tax expense				
7 Foreign withholding taxes				
8 Interest expense (see instructions)	180,082.			180,082.
9 Stock option expense				
10 Other equity-based compensation				
11 Meals and entertainment	169,226.		-87,659.	81,567.
12 Fines and penalties				
13 Judgments, damages, awards, and similar costs				
14 Parachute payments				
15 Compensation with section 162(m) limitation				
16 Pension and profit-sharing	1,860,857.			1,860,857.
17 Other post-retirement benefits				
18 Deferred compensation				
19 Charitable contribution of cash and tangible property				
20 Charitable contribution of intangible property				
21 Charitable contribution limitation/carryforward				
22 Domestic production activities deduction (see instructions)				
23 Current year acquisition or reorganization investment banking fees				
24 Current year acquisition or reorganization legal and accounting fees				
25 Current year acquisition/reorganization other costs				
26 Amortization/impairment of goodwill				
27 Amortization of acquisition, reorganization, and start-up costs				
28 Other amortization or impairment write-offs		53,224.		53,224.
29 Reserved				
30 Depletion				
31 Depreciation	4,083,673.	-1,814,312.		2,269,361.
32 Bad debt expense				
33 Corporate owned life insurance premiums				
34 Purchase versus lease (for purchasers and/or lessees)				
35 Research and development costs				
36 Section 118 exclusion (attach statement)				
37 Section 162(r) - FDIC premiums paid by certain large financial institutions (see instructions)				
38 Other expense/deduction items with differences (attach statement)	Stmnt 33 2,409,940.	-799,082.		1,610,858.
39 Total expense/deduction items. Combine lines 1 through 38. Enter here and on Part II, line 27, reporting positive amounts as negative and negative amounts as positive	9,009,229.	-2,543,602.	-364,669.	6,100,958.

Name of corporation (common parent, if consolidated return)

Employer identification number

Global Benefits Group Inc

20-3842750

Check applicable box(es): (1) ☐ Consolidated group (2) ☒ Parent corp (3) ☐ Consolidated eliminations (4) ☐ Subsidiary corp (5) ☐ Mixed 1120/L/PC groupCheck if a sub-consolidated: (6) ☐ 1120 group (7) ☐ 1120 eliminations

Name of subsidiary (if consolidated return)

Employer identification number

Global Benefits Group Inc

20-3842750

Part II Reconciliation of Net Income (Loss) per Income Statement of Includible Corporations With Taxable Income per Return (see instructions)

Income (Loss) Items (Attach statements for lines 1 through 12)	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
1 Income (loss) from equity method foreign corporations				
2 Gross foreign dividends not previously taxed				
3 Subpart F, QEF, and similar income inclusions		2,009.	355,191.	357,200.
4 Gross-up for foreign taxes deemed paid . .				
5 Gross foreign distributions previously taxed .				
6 Income (loss) from equity method U.S. corporations				
7 U.S. dividends not eliminated in tax consolidation				
8 Minority interest for includible corporations .				
9 Income (loss) from U.S. partnerships . . .				
10 Income (loss) from foreign partnerships . .				
11 Income (loss) from other pass-through entities				
12 Items relating to reportable transactions . .				
13 Interest income (see instructions)				
14 Total accrual to cash adjustment				
15 Hedging transactions				
16 Mark-to-market income (loss)				
17 Cost of goods sold (see instructions) . . .	()			()
18 Sale versus lease (for sellers and/or lessors)				
19 Section 481(a) adjustments				
20 Unearned/deferred revenue				
21 Income recognition from long-term contracts				
22 Original issue discount and other imputed interest .				
23 a Income statement gain/loss on sale, exchange, abandonment, worthlessness, or other disposition of assets other than inventory and pass-through entities				
b Gross capital gains from Schedule D, excluding amounts from pass-through entities				
c Gross capital losses from Schedule D, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses				
d Net gain/loss reported on Form 4797, line 17, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses				
e Abandonment losses				
f Worthless stock losses (attach statement) . .				
g Other gain/loss on disposition of assets other than inventory				
24 Capital loss limitation and carryforward used				
25 Other income (loss) items with differences (attach statement)				
26 Total income (loss) items. Combine lines 1 through 25		2,009.	355,191.	357,200.
27 Total expense/deduction items (from Part III, line 39)	-8,816,367.	2,544,752.	364,669.	-5,906,946.
28 Other items with no differences	-3,499,947.			-3,499,947.
29 a Mixed groups, see instructions. All others, combine lines 26 through 28	-12,316,314.	2,546,761.	719,860.	-9,049,693.
b PC insurance subgroup reconciliation totals				
c Life insurance subgroup reconciliation totals				
30 Reconciliation totals. Combine lines 29a through 29c	-12,316,314.	2,546,761.	719,860.	-9,049,693.

Note: Line 30, column (a), must equal Part I, line 11, and column (d) must equal Form 1120, page 1, line 28.

Name of corporation (common parent, if consolidated return) Global Benefits Group Inc		Employer identification number 20-3842750
Check applicable box(es): (1) <input type="checkbox"/> Consolidated group (2) <input checked="" type="checkbox"/> Parent corp (3) <input type="checkbox"/> Consolidated eliminations (4) <input type="checkbox"/> Subsidiary corp (5) <input type="checkbox"/> Mixed 1120/L/PC group		
Check if a sub-consolidated: (6) <input type="checkbox"/> 1120 group (7) <input type="checkbox"/> 1120 eliminations		
Name of subsidiary (if consolidated return) Global Benefits Group Inc		Employer identification number 20-3842750

Part III Reconciliation of Net Income (Loss) per Income Statement of Includible Corporations With Taxable Income per Return - Expense/Deduction Items (see instructions)

Expense/Deduction Items	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1 U.S. current income tax expense	277,010.		-277,010.	
2 U.S. deferred income tax expense				
3 State and local current income tax expense	28,341.	15,418.		43,759.
4 State and local deferred income tax expense				
5 Foreign current income tax expense (other than foreign withholding taxes)				
6 Foreign deferred income tax expense				
7 Foreign withholding taxes				
8 Interest expense (see instructions)				
9 Stock option expense				
10 Other equity-based compensation				
11 Meals and entertainment	169,226.		-87,659.	81,567.
12 Fines and penalties				
13 Judgments, damages, awards, and similar costs				
14 Parachute payments				
15 Compensation with section 162(m) limitation				
16 Pension and profit-sharing	1,848,177.			1,848,177.
17 Other post-retirement benefits				
18 Deferred compensation				
19 Charitable contribution of cash and tangible property				
20 Charitable contribution of intangible property				
21 Charitable contribution limitation/carryforward				
22 Domestic production activities deduction (see instructions)				
23 Current year acquisition or reorganization investment banking fees				
24 Current year acquisition or reorganization legal and accounting fees				
25 Current year acquisition/reorganization other costs				
26 Amortization/impairment of goodwill				
27 Amortization of acquisition, reorganization, and start-up costs				
28 Other amortization or impairment write-offs		53,224.		53,224.
29 Reserved				
30 Depletion				
31 Depreciation	4,083,673.	-1,814,312.		2,269,361.
32 Bad debt expense				
33 Corporate owned life insurance premiums				
34 Purchase versus lease (for purchasers and/or lessees)				
35 Research and development costs				
36 Section 118 exclusion (attach statement)				
37 Section 162(r) - FDIC premiums paid by certain large financial institutions (see instructions)				
38 Other expense/deduction items with differences (attach statement)	2,409,940.	-799,082.		1,610,858.
39 Total expense/deduction items. Combine lines 1 through 38. Enter here and on Part II, line 27, reporting positive amounts as negative and negative amounts as positive	8,816,367.	-2,544,752.	-364,669.	5,906,946.

Name of corporation (common parent, if consolidated return) Global Benefits Group Inc		Employer identification number 20-3842750
Check applicable box(es): (1) <input type="checkbox"/> Consolidated group (2) <input type="checkbox"/> Parent corp (3) <input type="checkbox"/> Consolidated eliminations (4) <input checked="" type="checkbox"/> Subsidiary corp (5) <input type="checkbox"/> Mixed 1120/L/PC group		
Check if a sub-consolidated: (6) <input type="checkbox"/> 1120 group (7) <input type="checkbox"/> 1120 eliminations		
Name of subsidiary (if consolidated return) GBG Administrative Services		Employer identification number 26-4068764

Part II Reconciliation of Net Income (Loss) per Income Statement of Includible Corporations With Taxable Income per Return (see instructions)

Income (Loss) Items (Attach statements for lines 1 through 12)	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
1 Income (loss) from equity method foreign corporations				
2 Gross foreign dividends not previously taxed				
3 Subpart F, QEF, and similar income inclusions				
4 Gross-up for foreign taxes deemed paid . .				
5 Gross foreign distributions previously taxed .				
6 Income (loss) from equity method U.S. corporations				
7 U.S. dividends not eliminated in tax consolidation				
8 Minority interest for includible corporations .				
9 Income (loss) from U.S. partnerships . . .				
10 Income (loss) from foreign partnerships . .				
11 Income (loss) from other pass-through entities				
12 Items relating to reportable transactions . .				
13 Interest income (see instructions)				
14 Total accrual to cash adjustment				
15 Hedging transactions				
16 Mark-to-market income (loss)				
17 Cost of goods sold (see instructions) . . .	()			()
18 Sale versus lease (for sellers and/or lessors)				
19 Section 481(a) adjustments				
20 Unearned/deferred revenue				
21 Income recognition from long-term contracts				
22 Original issue discount and other imputed interest .				
23 a Income statement gain/loss on sale, exchange, abandonment, worthlessness, or other disposition of assets other than inventory and pass-through entities	-206.	206.		
b Gross capital gains from Schedule D, excluding amounts from pass-through entities				
c Gross capital losses from Schedule D, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses		-206.		-206.
d Net gain/loss reported on Form 4797, line 17, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses				
e Abandonment losses				
f Worthless stock losses (attach statement) . .				
g Other gain/loss on disposition of assets other than inventory				
24 Capital loss limitation and carryforward used				
25 Other income (loss) items with differences (attach statement)				
26 Total income (loss) items. Combine lines 1 through 25	-206.			-206.
27 Total expense/deduction items (from Part III, line 39)	-100.	-1,150.		-1,250.
28 Other items with no differences	1,448,706.			1,448,706.
29 a Mixed groups, see instructions. All others, combine lines 26 through 28	1,448,400.	-1,150.		1,447,250.
b PC insurance subgroup reconciliation totals				
c Life insurance subgroup reconciliation totals				
30 Reconciliation totals. Combine lines 29a through 29c	1,448,400.	-1,150.		1,447,250.

Note: Line 30, column (a), must equal Part I, line 11, and column (d) must equal Form 1120, page 1, line 28.

Name of corporation (common parent, if consolidated return)

Employer identification number

Global Benefits Group Inc

20-3842750

Check applicable box(es): (1) ☐ Consolidated group (2) ☐ Parent corp (3) ☐ Consolidated eliminations (4) ☒ Subsidiary corp (5) ☐ Mixed 1120/L/PC groupCheck if a sub-consolidated: (6) ☐ 1120 group (7) ☐ 1120 eliminations

Name of subsidiary (if consolidated return)

Employer identification number

GBG Administrative Services

26-4068764

Part III Reconciliation of Net Income (Loss) per Income Statement of Includible Corporations With Taxable Income per Return - Expense/Deduction Items (see instructions)

Expense/Deduction Items	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1 U.S. current income tax expense				
2 U.S. deferred income tax expense				
3 State and local current income tax expense	100.	1,150.		1,250.
4 State and local deferred income tax expense				
5 Foreign current income tax expense (other than foreign withholding taxes)				
6 Foreign deferred income tax expense				
7 Foreign withholding taxes				
8 Interest expense (see instructions)				
9 Stock option expense				
10 Other equity-based compensation				
11 Meals and entertainment				
12 Fines and penalties				
13 Judgments, damages, awards, and similar costs				
14 Parachute payments				
15 Compensation with section 162(m) limitation				
16 Pension and profit-sharing				
17 Other post-retirement benefits				
18 Deferred compensation				
19 Charitable contribution of cash and tangible property				
20 Charitable contribution of intangible property				
21 Charitable contribution limitation/carryforward				
22 Domestic production activities deduction (see instructions)				
23 Current year acquisition or reorganization investment banking fees				
24 Current year acquisition or reorganization legal and accounting fees				
25 Current year acquisition/reorganization other costs				
26 Amortization/impairment of goodwill				
27 Amortization of acquisition, reorganization, and start-up costs				
28 Other amortization or impairment write-offs				
29 Reserved				
30 Depletion				
31 Depreciation				
32 Bad debt expense				
33 Corporate owned life insurance premiums				
34 Purchase versus lease (for purchasers and/or lessees)				
35 Research and development costs				
36 Section 118 exclusion (attach statement)				
37 Section 162(r) - FDIC premiums paid by certain large financial institutions (see instructions)				
38 Other expense/deduction items with differences (attach statement)				
39 Total expense/deduction items. Combine lines 1 through 38. Enter here and on Part II, line 27, reporting positive amounts as negative and negative amounts as positive	100.	1,150.		1,250.

Name of corporation (common parent, if consolidated return) Global Benefits Group Inc		Employer identification number 20-3842750
Check applicable box(es): (1) <input type="checkbox"/> Consolidated group (2) <input type="checkbox"/> Parent corp (3) <input type="checkbox"/> Consolidated eliminations (4) <input checked="" type="checkbox"/> Subsidiary corp (5) <input type="checkbox"/> Mixed 1120/L/PC group		
Check if a sub-consolidated: (6) <input type="checkbox"/> 1120 group (7) <input type="checkbox"/> 1120 eliminations		
Name of subsidiary (if consolidated return) GBG Assist, Inc.		Employer identification number 37-1797452

Part II Reconciliation of Net Income (Loss) per Income Statement of Includible Corporations With Taxable Income per Return (see instructions)

Income (Loss) Items (Attach statements for lines 1 through 12)	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
1 Income (loss) from equity method foreign corporations				
2 Gross foreign dividends not previously taxed				
3 Subpart F, QEF, and similar income inclusions				
4 Gross-up for foreign taxes deemed paid . .				
5 Gross foreign distributions previously taxed .				
6 Income (loss) from equity method U.S. corporations				
7 U.S. dividends not eliminated in tax consolidation				
8 Minority interest for includible corporations .				
9 Income (loss) from U.S. partnerships . . .				
10 Income (loss) from foreign partnerships . .				
11 Income (loss) from other pass-through entities				
12 Items relating to reportable transactions . .				
13 Interest income (see instructions)				
14 Total accrual to cash adjustment				
15 Hedging transactions				
16 Mark-to-market income (loss)				
17 Cost of goods sold (see instructions) . . .	()			()
18 Sale versus lease (for sellers and/or lessors)				
19 Section 481(a) adjustments				
20 Unearned/deferred revenue				
21 Income recognition from long-term contracts				
22 Original issue discount and other imputed interest .				
23 a Income statement gain/loss on sale, exchange, abandonment, worthlessness, or other disposition of assets other than inventory and pass-through entities	-604.	604.		
b Gross capital gains from Schedule D, excluding amounts from pass-through entities				
c Gross capital losses from Schedule D, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses		-604.		-604.
d Net gain/loss reported on Form 4797, line 17, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses				
e Abandonment losses				
f Worthless stock losses (attach statement) . .				
g Other gain/loss on disposition of assets other than inventory				
24 Capital loss limitation and carryforward used				
25 Other income (loss) items with differences (attach statement)				
26 Total income (loss) items. Combine lines 1 through 25	-604.			-604.
27 Total expense/deduction items (from Part III, line 39)	-192,762.			-192,762.
28 Other items with no differences	7,357,166.			7,357,166.
29 a Mixed groups, see instructions. All others, combine lines 26 through 28	7,163,800.			7,163,800.
b PC insurance subgroup reconciliation totals				
c Life insurance subgroup reconciliation totals				
30 Reconciliation totals. Combine lines 29a through 29c	7,163,800.			7,163,800.

Note: Line 30, column (a), must equal Part I, line 11, and column (d) must equal Form 1120, page 1, line 28.

Name of corporation (common parent, if consolidated return) Global Benefits Group Inc		Employer identification number 20-3842750
Check applicable box(es): (1) <input type="checkbox"/> Consolidated group (2) <input type="checkbox"/> Parent corp (3) <input type="checkbox"/> Consolidated eliminations (4) <input checked="" type="checkbox"/> Subsidiary corp (5) <input type="checkbox"/> Mixed 1120/L/PC group		
Check if a sub-consolidated: (6) <input type="checkbox"/> 1120 group (7) <input type="checkbox"/> 1120 eliminations		
Name of subsidiary (if consolidated return) GBG Assist, Inc.		Employer identification number 37-1797452

Part III Reconciliation of Net Income (Loss) per Income Statement of Includible Corporations With Taxable Income per Return - Expense/Deduction Items (see instructions)

Expense/Deduction Items	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1 U.S. current income tax expense				
2 U.S. deferred income tax expense				
3 State and local current income tax expense				
4 State and local deferred income tax expense				
5 Foreign current income tax expense (other than foreign withholding taxes)				
6 Foreign deferred income tax expense				
7 Foreign withholding taxes				
8 Interest expense (see instructions)	180,082.			180,082.
9 Stock option expense				
10 Other equity-based compensation				
11 Meals and entertainment				
12 Fines and penalties				
13 Judgments, damages, awards, and similar costs				
14 Parachute payments				
15 Compensation with section 162(m) limitation				
16 Pension and profit-sharing	12,680.			12,680.
17 Other post-retirement benefits				
18 Deferred compensation				
19 Charitable contribution of cash and tangible property				
20 Charitable contribution of intangible property				
21 Charitable contribution limitation/carryforward				
22 Domestic production activities deduction (see instructions)				
23 Current year acquisition or reorganization investment banking fees				
24 Current year acquisition or reorganization legal and accounting fees				
25 Current year acquisition/reorganization other costs				
26 Amortization/impairment of goodwill				
27 Amortization of acquisition, reorganization, and start-up costs				
28 Other amortization or impairment write-offs				
29 Reserved				
30 Depletion				
31 Depreciation				
32 Bad debt expense				
33 Corporate owned life insurance premiums				
34 Purchase versus lease (for purchasers and/or lessees)				
35 Research and development costs				
36 Section 118 exclusion (attach statement)				
37 Section 162(r) - FDIC premiums paid by certain large financial institutions (see instructions)				
38 Other expense/deduction items with differences (attach statement)				
39 Total expense/deduction items. Combine lines 1 through 38. Enter here and on Part II, line 27, reporting positive amounts as negative and negative amounts as positive	192,762.			192,762.

Name of corporation (common parent, if consolidated return) Global Benefits Group Inc	Employer identification number 20-3842750
Check applicable box(es): (1) <input type="checkbox"/> Consolidated group (2) <input type="checkbox"/> Parent corp (3) <input type="checkbox"/> Consolidated eliminations (4) <input checked="" type="checkbox"/> Subsidiary corp (5) <input type="checkbox"/> Mixed 1120/L/PC group	
Check if a sub-consolidated: (6) <input type="checkbox"/> 1120 group (7) <input type="checkbox"/> 1120 eliminations	
Name of subsidiary (if consolidated return) International Claims Services, Inc.	Employer identification number 98-0076650

Part II Reconciliation of Net Income (Loss) per Income Statement of Includible Corporations With Taxable Income per Return (see instructions)

Income (Loss) Items (Attach statements for lines 1 through 12)	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
1 Income (loss) from equity method foreign corporations				
2 Gross foreign dividends not previously taxed				
3 Subpart F, QEF, and similar income inclusions				
4 Gross-up for foreign taxes deemed paid . .				
5 Gross foreign distributions previously taxed .				
6 Income (loss) from equity method U.S. corporations				
7 U.S. dividends not eliminated in tax consolidation				
8 Minority interest for includible corporations .				
9 Income (loss) from U.S. partnerships . . .				
10 Income (loss) from foreign partnerships . .				
11 Income (loss) from other pass-through entities				
12 Items relating to reportable transactions . .				
13 Interest income (see instructions)				
14 Total accrual to cash adjustment				
15 Hedging transactions				
16 Mark-to-market income (loss)				
17 Cost of goods sold (see instructions) . . .	()			()
18 Sale versus lease (for sellers and/or lessors)				
19 Section 481(a) adjustments				
20 Unearned/deferred revenue				
21 Income recognition from long-term contracts				
22 Original issue discount and other imputed interest .				
23 a Income statement gain/loss on sale, exchange, abandonment, worthlessness, or other disposition of assets other than inventory and pass-through entities	-360,943.	360,943.		
b Gross capital gains from Schedule D, excluding amounts from pass-through entities				
c Gross capital losses from Schedule D, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses		-360,943.		-360,943.
d Net gain/loss reported on Form 4797, line 17, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses				
e Abandonment losses				
f Worthless stock losses (attach statement) . .				
g Other gain/loss on disposition of assets other than inventory				
24 Capital loss limitation and carryforward used				
25 Other income (loss) items with differences (attach statement)				
26 Total income (loss) items. Combine lines 1 through 25	-360,943.			-360,943.
27 Total expense/deduction items (from Part III, line 39)				
28 Other items with no differences	-442,491.			-442,491.
29 a Mixed groups, see instructions. All others, combine lines 26 through 28	-803,434.			-803,434.
b PC insurance subgroup reconciliation totals				
c Life insurance subgroup reconciliation totals				
30 Reconciliation totals. Combine lines 29a through 29c	-803,434.			-803,434.

Note: Line 30, column (a), must equal Part I, line 11, and column (d) must equal Form 1120, page 1, line 28.

Name of corporation (common parent, if consolidated return)		Employer identification number
Global Benefits Group Inc		20-3842750
Check applicable box(es): (1) <input type="checkbox"/> Consolidated group (2) <input type="checkbox"/> Parent corp (3) <input type="checkbox"/> Consolidated eliminations (4) <input checked="" type="checkbox"/> Subsidiary corp (5) <input type="checkbox"/> Mixed 1120/L/PC group		
Check if a sub-consolidated: (6) <input type="checkbox"/> 1120 group (7) <input type="checkbox"/> 1120 eliminations		
Name of subsidiary (if consolidated return)		Employer identification number
International Claims Services, Inc.		98-0076650

Part III Reconciliation of Net Income (Loss) per Income Statement of Includible Corporations With Taxable Income per Return - Expense/Deduction Items (see instructions)

Expense/Deduction Items	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1 U.S. current income tax expense				
2 U.S. deferred income tax expense				
3 State and local current income tax expense				
4 State and local deferred income tax expense				
5 Foreign current income tax expense (other than foreign withholding taxes)				
6 Foreign deferred income tax expense				
7 Foreign withholding taxes				
8 Interest expense (see instructions)				
9 Stock option expense				
10 Other equity-based compensation				
11 Meals and entertainment				
12 Fines and penalties				
13 Judgments, damages, awards, and similar costs				
14 Parachute payments				
15 Compensation with section 162(m) limitation				
16 Pension and profit-sharing				
17 Other post-retirement benefits				
18 Deferred compensation				
19 Charitable contribution of cash and tangible property				
20 Charitable contribution of intangible property				
21 Charitable contribution limitation/carryforward				
22 Domestic production activities deduction (see instructions)				
23 Current year acquisition or reorganization investment banking fees				
24 Current year acquisition or reorganization legal and accounting fees				
25 Current year acquisition/reorganization other costs				
26 Amortization/impairment of goodwill				
27 Amortization of acquisition, reorganization, and start-up costs				
28 Other amortization or impairment write-offs				
29 Reserved				
30 Depletion				
31 Depreciation				
32 Bad debt expense				
33 Corporate owned life insurance premiums				
34 Purchase versus lease (for purchasers and/or lessees)				
35 Research and development costs				
36 Section 118 exclusion (attach statement)				
37 Section 162(r) - FDIC premiums paid by certain large financial institutions (see instructions)				
38 Other expense/deduction items with differences (attach statement)				
39 Total expense/deduction items. Combine lines 1 through 38. Enter here and on Part II, line 27, reporting positive amounts as negative and negative amounts as positive				

Name of corporation (common parent, if consolidated return)

Employer identification number

Global Benefits Group Inc

20-3842750

Check applicable box(es): (1) ☐ Consolidated group (2) ☐ Parent corp (3) ☐ Consolidated eliminations (4) ☒ Subsidiary corp (5) ☐ Mixed 1120/L/PC groupCheck if a sub-consolidated: (6) ☐ 1120 group (7) ☐ 1120 eliminations

Name of subsidiary (if consolidated return)

Employer identification number

GBG Holdings, Inc.

33-0950280

Part II Reconciliation of Net Income (Loss) per Income Statement of Includible Corporations With Taxable Income per Return (see instructions)

Income (Loss) Items (Attach statements for lines 1 through 12)	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
1 Income (loss) from equity method foreign corporations				
2 Gross foreign dividends not previously taxed				
3 Subpart F, QEF, and similar income inclusions				
4 Gross-up for foreign taxes deemed paid . .				
5 Gross foreign distributions previously taxed .				
6 Income (loss) from equity method U.S. corporations				
7 U.S. dividends not eliminated in tax consolidation				
8 Minority interest for includible corporations .				
9 Income (loss) from U.S. partnerships . . .				
10 Income (loss) from foreign partnerships . .				
11 Income (loss) from other pass-through entities				
12 Items relating to reportable transactions . .				
13 Interest income (see instructions)				
14 Total accrual to cash adjustment				
15 Hedging transactions				
16 Mark-to-market income (loss)				
17 Cost of goods sold (see instructions) . . .	()			()
18 Sale versus lease (for sellers and/or lessors)				
19 Section 481(a) adjustments				
20 Unearned/deferred revenue				
21 Income recognition from long-term contracts				
22 Original issue discount and other imputed interest .				
23 a Income statement gain/loss on sale, exchange, abandonment, worthlessness, or other disposition of assets other than inventory and pass-through entities				
b Gross capital gains from Schedule D, excluding amounts from pass-through entities				
c Gross capital losses from Schedule D, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses				
d Net gain/loss reported on Form 4797, line 17, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses				
e Abandonment losses				
f Worthless stock losses (attach statement) . .				
g Other gain/loss on disposition of assets other than inventory				
24 Capital loss limitation and carryforward used				
25 Other income (loss) items with differences (attach statement)				
26 Total income (loss) items. Combine lines 1 through 25				
27 Total expense/deduction items (from Part III, line 39)				
28 Other items with no differences				
29 a Mixed groups, see instructions. All others, combine lines 26 through 28				
b PC insurance subgroup reconciliation totals				
c Life insurance subgroup reconciliation totals				
30 Reconciliation totals. Combine lines 29a through 29c				

Note: Line 30, column (a), must equal Part I, line 11, and column (d) must equal Form 1120, page 1, line 28.

Name of corporation (common parent, if consolidated return)		Employer identification number
Global Benefits Group Inc		20-3842750
Check applicable box(es): (1) <input type="checkbox"/> Consolidated group (2) <input type="checkbox"/> Parent corp (3) <input type="checkbox"/> Consolidated eliminations (4) <input checked="" type="checkbox"/> Subsidiary corp (5) <input type="checkbox"/> Mixed 1120/L/PC group		
Check if a sub-consolidated: (6) <input type="checkbox"/> 1120 group (7) <input type="checkbox"/> 1120 eliminations		
Name of subsidiary (if consolidated return)		Employer identification number
GBG Holdings, Inc.		33-0950280

Part III Reconciliation of Net Income (Loss) per Income Statement of Includible Corporations With Taxable Income per Return - Expense/Deduction Items (see instructions)

Expense/Deduction Items	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1 U.S. current income tax expense				
2 U.S. deferred income tax expense				
3 State and local current income tax expense				
4 State and local deferred income tax expense				
5 Foreign current income tax expense (other than foreign withholding taxes)				
6 Foreign deferred income tax expense				
7 Foreign withholding taxes				
8 Interest expense (see instructions)				
9 Stock option expense				
10 Other equity-based compensation				
11 Meals and entertainment				
12 Fines and penalties				
13 Judgments, damages, awards, and similar costs				
14 Parachute payments				
15 Compensation with section 162(m) limitation				
16 Pension and profit-sharing				
17 Other post-retirement benefits				
18 Deferred compensation				
19 Charitable contribution of cash and tangible property				
20 Charitable contribution of intangible property				
21 Charitable contribution limitation/carryforward				
22 Domestic production activities deduction (see instructions)				
23 Current year acquisition or reorganization investment banking fees				
24 Current year acquisition or reorganization legal and accounting fees				
25 Current year acquisition/reorganization other costs				
26 Amortization/impairment of goodwill				
27 Amortization of acquisition, reorganization, and start-up costs				
28 Other amortization or impairment write-offs				
29 Reserved				
30 Depletion				
31 Depreciation				
32 Bad debt expense				
33 Corporate owned life insurance premiums				
34 Purchase versus lease (for purchasers and/or lessees)				
35 Research and development costs				
36 Section 118 exclusion (attach statement)				
37 Section 162(r) - FDIC premiums paid by certain large financial institutions (see instructions)				
38 Other expense/deduction items with differences (attach statement)				
39 Total expense/deduction items. Combine lines 1 through 38. Enter here and on Part II, line 27, reporting positive amounts as negative and negative amounts as positive				

Name of corporation (common parent, if consolidated return) Global Benefits Group Inc	Employer identification number 20-3842750
Check applicable box(es): (1) <input type="checkbox"/> Consolidated group (2) <input type="checkbox"/> Parent corp (3) <input type="checkbox"/> Consolidated eliminations (4) <input checked="" type="checkbox"/> Subsidiary corp (5) <input type="checkbox"/> Mixed 1120/L/PC group	
Check if a sub-consolidated: (6) <input type="checkbox"/> 1120 group (7) <input type="checkbox"/> 1120 eliminations	
Name of subsidiary (if consolidated return) Global Benefits Group, US Inc.	Employer identification number 20-4570749

Part II Reconciliation of Net Income (Loss) per Income Statement of Includible Corporations With Taxable Income per Return (see instructions)

Income (Loss) Items (Attach statements for lines 1 through 12)	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
1 Income (loss) from equity method foreign corporations				
2 Gross foreign dividends not previously taxed				
3 Subpart F, QEF, and similar income inclusions				
4 Gross-up for foreign taxes deemed paid . .				
5 Gross foreign distributions previously taxed .				
6 Income (loss) from equity method U.S. corporations				
7 U.S. dividends not eliminated in tax consolidation				
8 Minority interest for includible corporations .				
9 Income (loss) from U.S. partnerships . . .				
10 Income (loss) from foreign partnerships . .				
11 Income (loss) from other pass-through entities				
12 Items relating to reportable transactions . .				
13 Interest income (see instructions)				
14 Total accrual to cash adjustment				
15 Hedging transactions				
16 Mark-to-market income (loss)				
17 Cost of goods sold (see instructions) . . .	()			()
18 Sale versus lease (for sellers and/or lessors)				
19 Section 481(a) adjustments				
20 Unearned/deferred revenue				
21 Income recognition from long-term contracts				
22 Original issue discount and other imputed interest .				
23 a Income statement gain/loss on sale, exchange, abandonment, worthlessness, or other disposition of assets other than inventory and pass-through entities				
b Gross capital gains from Schedule D, excluding amounts from pass-through entities				
c Gross capital losses from Schedule D, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses				
d Net gain/loss reported on Form 4797, line 17, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses				
e Abandonment losses				
f Worthless stock losses (attach statement) . .				
g Other gain/loss on disposition of assets other than inventory				
24 Capital loss limitation and carryforward used				
25 Other income (loss) items with differences (attach statement)				
26 Total income (loss) items. Combine lines 1 through 25				
27 Total expense/deduction items (from Part III, line 39)				
28 Other items with no differences				
29 a Mixed groups, see instructions. All others, combine lines 26 through 28				
b PC insurance subgroup reconciliation totals				
c Life insurance subgroup reconciliation totals				
30 Reconciliation totals. Combine lines 29a through 29c				

Note: Line 30, column (a), must equal Part I, line 11, and column (d) must equal Form 1120, page 1, line 28.

Name of corporation (common parent, if consolidated return)		Employer identification number
Global Benefits Group Inc		20-3842750
Check applicable box(es): (1) <input type="checkbox"/> Consolidated group (2) <input type="checkbox"/> Parent corp (3) <input type="checkbox"/> Consolidated eliminations (4) <input checked="" type="checkbox"/> Subsidiary corp (5) <input type="checkbox"/> Mixed 1120/L/PC group		
Check if a sub-consolidated: (6) <input type="checkbox"/> 1120 group (7) <input type="checkbox"/> 1120 eliminations		
Name of subsidiary (if consolidated return)		Employer identification number
Global Benefits Group, US Inc.		20-4570749

Part III Reconciliation of Net Income (Loss) per Income Statement of Includible Corporations With Taxable Income per Return - Expense/Deduction Items (see instructions)

Expense/Deduction Items	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1 U.S. current income tax expense				
2 U.S. deferred income tax expense				
3 State and local current income tax expense				
4 State and local deferred income tax expense				
5 Foreign current income tax expense (other than foreign withholding taxes)				
6 Foreign deferred income tax expense				
7 Foreign withholding taxes				
8 Interest expense (see instructions)				
9 Stock option expense				
10 Other equity-based compensation				
11 Meals and entertainment				
12 Fines and penalties				
13 Judgments, damages, awards, and similar costs				
14 Parachute payments				
15 Compensation with section 162(m) limitation				
16 Pension and profit-sharing				
17 Other post-retirement benefits				
18 Deferred compensation				
19 Charitable contribution of cash and tangible property				
20 Charitable contribution of intangible property				
21 Charitable contribution limitation/carryforward				
22 Domestic production activities deduction (see instructions)				
23 Current year acquisition or reorganization investment banking fees				
24 Current year acquisition or reorganization legal and accounting fees				
25 Current year acquisition/reorganization other costs				
26 Amortization/impairment of goodwill				
27 Amortization of acquisition, reorganization, and start-up costs				
28 Other amortization or impairment write-offs				
29 Reserved				
30 Depletion				
31 Depreciation				
32 Bad debt expense				
33 Corporate owned life insurance premiums				
34 Purchase versus lease (for purchasers and/or lessees)				
35 Research and development costs				
36 Section 118 exclusion (attach statement)				
37 Section 162(r) - FDIC premiums paid by certain large financial institutions (see instructions)				
38 Other expense/deduction items with differences (attach statement)				
39 Total expense/deduction items. Combine lines 1 through 38. Enter here and on Part II, line 27, reporting positive amounts as negative and negative amounts as positive				

Name of corporation (common parent, if consolidated return)

Employer identification number

Global Benefits Group Inc

20-3842750

Check applicable box(es): (1) ☐ Consolidated group (2) ☐ Parent corp (3) ☒ Consolidated eliminations (4) ☐ Subsidiary corp (5) ☐ Mixed 1120/L/PC groupCheck if a sub-consolidated: (6) ☐ 1120 group (7) ☐ 1120 eliminations

Name of subsidiary (if consolidated return)

Employer identification number

ELIMINATIONS

Part II Reconciliation of Net Income (Loss) per Income Statement of Includible Corporations With Taxable Income per Return (see instructions)

Income (Loss) Items (Attach statements for lines 1 through 12)	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
1 Income (loss) from equity method foreign corporations				
2 Gross foreign dividends not previously taxed				
3 Subpart F, QEF, and similar income inclusions				
4 Gross-up for foreign taxes deemed paid . .				
5 Gross foreign distributions previously taxed .				
6 Income (loss) from equity method U.S. corporations				
7 U.S. dividends not eliminated in tax consolidation				
8 Minority interest for includible corporations .				
9 Income (loss) from U.S. partnerships . . .				
10 Income (loss) from foreign partnerships . .				
11 Income (loss) from other pass-through entities				
12 Items relating to reportable transactions . .				
13 Interest income (see instructions)				
14 Total accrual to cash adjustment				
15 Hedging transactions				
16 Mark-to-market income (loss)				
17 Cost of goods sold (see instructions) . . .	()			()
18 Sale versus lease (for sellers and/or lessors)				
19 Section 481(a) adjustments				
20 Unearned/deferred revenue				
21 Income recognition from long-term contracts				
22 Original issue discount and other imputed interest .				
23 a Income statement gain/loss on sale, exchange, abandonment, worthlessness, or other disposition of assets other than inventory and pass-through entities				
b Gross capital gains from Schedule D, excluding amounts from pass-through entities				
c Gross capital losses from Schedule D, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses				
d Net gain/loss reported on Form 4797, line 17, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses				
e Abandonment losses				
f Worthless stock losses (attach statement) . .				
g Other gain/loss on disposition of assets other than inventory				
24 Capital loss limitation and carryforward used				
25 Other income (loss) items with differences (attach statement)				
26 Total income (loss) items. Combine lines 1 through 25				
27 Total expense/deduction items (from Part III, line 39)				
28 Other items with no differences				
29 a Mixed groups, see instructions. All others, combine lines 26 through 28				
b PC insurance subgroup reconciliation totals				
c Life insurance subgroup reconciliation totals				
30 Reconciliation totals. Combine lines 29a through 29c				

Note: Line 30, column (a), must equal Part I, line 11, and column (d) must equal Form 1120, page 1, line 28.

Name of corporation (common parent, if consolidated return)		Employer identification number
Global Benefits Group Inc		20-3842750
Check applicable box(es): (1) <input type="checkbox"/> Consolidated group (2) <input type="checkbox"/> Parent corp (3) <input checked="" type="checkbox"/> Consolidated eliminations (4) <input type="checkbox"/> Subsidiary corp (5) <input type="checkbox"/> Mixed 1120/L/PC group		
Check if a sub-consolidated: (6) <input type="checkbox"/> 1120 group (7) <input type="checkbox"/> 1120 eliminations		
Name of subsidiary (if consolidated return)		Employer identification number
ELIMINATIONS		

Part III Reconciliation of Net Income (Loss) per Income Statement of Includible Corporations With Taxable Income per Return - Expense/Deduction Items (see instructions)

Expense/Deduction Items	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1 U.S. current income tax expense				
2 U.S. deferred income tax expense				
3 State and local current income tax expense				
4 State and local deferred income tax expense				
5 Foreign current income tax expense (other than foreign withholding taxes)				
6 Foreign deferred income tax expense				
7 Foreign withholding taxes				
8 Interest expense (see instructions)				
9 Stock option expense				
10 Other equity-based compensation				
11 Meals and entertainment				
12 Fines and penalties				
13 Judgments, damages, awards, and similar costs				
14 Parachute payments				
15 Compensation with section 162(m) limitation				
16 Pension and profit-sharing				
17 Other post-retirement benefits				
18 Deferred compensation				
19 Charitable contribution of cash and tangible property				
20 Charitable contribution of intangible property				
21 Charitable contribution limitation/carryforward				
22 Domestic production activities deduction (see instructions)				
23 Current year acquisition or reorganization investment banking fees				
24 Current year acquisition or reorganization legal and accounting fees				
25 Current year acquisition/reorganization other costs				
26 Amortization/impairment of goodwill				
27 Amortization of acquisition, reorganization, and start-up costs				
28 Other amortization or impairment write-offs				
29 Reserved				
30 Depletion				
31 Depreciation				
32 Bad debt expense				
33 Corporate owned life insurance premiums				
34 Purchase versus lease (for purchasers and/or lessees)				
35 Research and development costs				
36 Section 118 exclusion (attach statement)				
37 Section 162(r) - FDIC premiums paid by certain large financial institutions (see instructions)				
38 Other expense/deduction items with differences (attach statement)				
39 Total expense/deduction items. Combine lines 1 through 38. Enter here and on Part II, line 27, reporting positive amounts as negative and negative amounts as positive				

Name of corporation (common parent, if consolidated return)

Employer identification number

Global Benefits Group Inc

20-3842750

Check applicable box(es): (1) ☐ Consolidated group (2) ☐ Parent corp (3) ☐ Consolidated eliminations (4) ☐ Subsidiary corp (5) ☐ Mixed 1120/L/PC groupCheck if a sub-consolidated: (6) ☐ 1120 group (7) ☐ 1120 eliminations

Name of subsidiary (if consolidated return)

Employer identification number

Adjustments

Part II Reconciliation of Net Income (Loss) per Income Statement of Includible Corporations With Taxable Income per Return (see instructions)

Income (Loss) Items (Attach statements for lines 1 through 12)	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
1 Income (loss) from equity method foreign corporations				
2 Gross foreign dividends not previously taxed				
3 Subpart F, QEF, and similar income inclusions				
4 Gross-up for foreign taxes deemed paid . .				
5 Gross foreign distributions previously taxed .				
6 Income (loss) from equity method U.S. corporations				
7 U.S. dividends not eliminated in tax consolidation				
8 Minority interest for includible corporations .				
9 Income (loss) from U.S. partnerships . . .				
10 Income (loss) from foreign partnerships . .				
11 Income (loss) from other pass-through entities				
12 Items relating to reportable transactions . .				
13 Interest income (see instructions)				
14 Total accrual to cash adjustment				
15 Hedging transactions				
16 Mark-to-market income (loss)				
17 Cost of goods sold (see instructions) . . .	()			()
18 Sale versus lease (for sellers and/or lessors)				
19 Section 481(a) adjustments				
20 Unearned/deferred revenue				
21 Income recognition from long-term contracts				
22 Original issue discount and other imputed interest .				
23 a Income statement gain/loss on sale, exchange, abandonment, worthlessness, or other disposition of assets other than inventory and pass-through entities				
b Gross capital gains from Schedule D, excluding amounts from pass-through entities				
c Gross capital losses from Schedule D, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses				
d Net gain/loss reported on Form 4797, line 17, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses				
e Abandonment losses				
f Worthless stock losses (attach statement) . .				
g Other gain/loss on disposition of assets other than inventory				
24 Capital loss limitation and carryforward used				
25 Other income (loss) items with differences (attach statement)				
26 Total income (loss) items. Combine lines 1 through 25				
27 Total expense/deduction items (from Part III, line 39)				
28 Other items with no differences				
29 a Mixed groups, see instructions. All others, combine lines 26 through 28				
b PC insurance subgroup reconciliation totals				
c Life insurance subgroup reconciliation totals				
30 Reconciliation totals. Combine lines 29a through 29c				

Note: Line 30, column (a), must equal Part I, line 11, and column (d) must equal Form 1120, page 1, line 28.

Name of corporation (common parent, if consolidated return)		Employer identification number
Global Benefits Group Inc		20-3842750
Check applicable box(es): (1) <input type="checkbox"/> Consolidated group (2) <input type="checkbox"/> Parent corp (3) <input type="checkbox"/> Consolidated eliminations (4) <input type="checkbox"/> Subsidiary corp (5) <input type="checkbox"/> Mixed 1120/L/PC group		
Check if a sub-consolidated: (6) <input type="checkbox"/> 1120 group (7) <input type="checkbox"/> 1120 eliminations		
Name of subsidiary (if consolidated return)		Employer identification number
Adjustments		

Part III Reconciliation of Net Income (Loss) per Income Statement of Includible Corporations With Taxable Income per Return - Expense/Deduction Items (see instructions)

Expense/Deduction Items	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1 U.S. current income tax expense				
2 U.S. deferred income tax expense				
3 State and local current income tax expense				
4 State and local deferred income tax expense				
5 Foreign current income tax expense (other than foreign withholding taxes)				
6 Foreign deferred income tax expense				
7 Foreign withholding taxes				
8 Interest expense (see instructions)				
9 Stock option expense				
10 Other equity-based compensation				
11 Meals and entertainment				
12 Fines and penalties				
13 Judgments, damages, awards, and similar costs				
14 Parachute payments				
15 Compensation with section 162(m) limitation				
16 Pension and profit-sharing				
17 Other post-retirement benefits				
18 Deferred compensation				
19 Charitable contribution of cash and tangible property				
20 Charitable contribution of intangible property				
21 Charitable contribution limitation/carryforward				
22 Domestic production activities deduction (see instructions)				
23 Current year acquisition or reorganization investment banking fees				
24 Current year acquisition or reorganization legal and accounting fees				
25 Current year acquisition/reorganization other costs				
26 Amortization/impairment of goodwill				
27 Amortization of acquisition, reorganization, and start-up costs				
28 Other amortization or impairment write-offs				
29 Reserved				
30 Depletion				
31 Depreciation				
32 Bad debt expense				
33 Corporate owned life insurance premiums				
34 Purchase versus lease (for purchasers and/or lessees)				
35 Research and development costs				
36 Section 118 exclusion (attach statement)				
37 Section 162(r) - FDIC premiums paid by certain large financial institutions (see instructions)				
38 Other expense/deduction items with differences (attach statement)				
39 Total expense/deduction items. Combine lines 1 through 38. Enter here and on Part II, line 27, reporting positive amounts as negative and negative amounts as positive				

Document Page 446 of 705
Depreciation and Amortization
(Including Information on Listed Property)

Form **4562**Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022Attachment
Sequence No. **179**

Name(s) shown on return

Identifying number

Global Benefits Group Inc and Subs

20-3842750

Business or activity to which this form relates

General Depreciation & Amortization

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	1,668,233.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	581,204.

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	19,923.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions.	22	2,269,360.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

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0001WA X45RForm **4562** (2022)

Form 4562 (2022)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25								
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28								
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. 29								

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles) . . .						
31 Total commuting miles driven during the year .						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their EmployeesAnswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year (see instructions):					
43 Amortization of costs that began before your 2022 tax year. 43					53,224.
44 Total. Add amounts in column (f). See the instructions for where to report 44					53,224.

Form **5471**

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service**Information Return of U.S. Persons With Respect
to Certain Foreign Corporations**Go to www.irs.gov/Form5471 for instructions and the latest information.Information furnished for the foreign corporation's annual accounting period (tax year required by
section 898) (see instructions) beginning 01/01/2022 , and ending 12/31/2022

OMB No. 1545-0123

Attachment
Sequence No. **121**

Name of person filing this return

Global Benefits Group Inc

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

27422 PORTOLA PARKWAY - SUITE 110

City or town, state, and ZIP code

FOOTHILL RANCH, CA 92610

Filer's tax year beginning 01/01/2022 , and ending 12/31/2022

D Check box if this is a final Form 5471 for the foreign corporation ☐**E** Check if any excepted specified foreign financial assets are reported on this form (see instructions). ☐**F** Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40 ☐**G** If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions) ☐**H** Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director
GLOBAL BENEFITS GROUP, INC.	27422 PORTOLA PARKWAY, FOOTHILL RANCH CA 92610	20-3842750	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation SHANGHAI(GBG) ENTERPRISE MANAGEMENT CONSULTING Suite 2104. SCG Datang International 868 Yinghua Road SHANGAI, SHANGHAI 201204 CH				b(1) Employer identification number, if any	
				b(2) Reference ID number (see instructions) 3007707	
				c Country under whose laws incorporated CH	
d Date of incorporation 12/01/2009	e Principal place of business CH	f Principal business activity code number 541990	g Principal business activity CONSULTANT	h Functional currency code CNY	

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b If a U.S. income tax return was filed, enter:	
	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)
c Name and address of foreign corporation's statutory or resident agent in country of incorporation	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different	

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	100.	100.

For Paperwork Reduction Act Notice, see instructions.

Form **5471** (Rev. 12-2022)

Schedule B	Shareholders of Foreign Corporation
Part I	U.S. Shareholders of Foreign Corporation (see instructions)

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
GLOBAL BENEFITS GROUP INC 27422 PORTOLA PARKWAY STE 110 FOOTHILL RANCH, CA 92610 20-3842750	COMMON STOCK	100.	100.	100.000000000000

[illegible]

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. generally accepted accounting principles (GAAP). Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for dollar approximate separate transactions method (DASTM) corporations.

			Functional Currency	U.S. Dollars
Income	1a	Gross receipts or sales	1a	
	b	Returns and allowances	1b	
	c	Subtract line 1b from line 1a	1c	
	2	Cost of goods sold	2	
	3	Gross profit (subtract line 2 from line 1c)	3	
	4	Dividends	4	
	5	Interest	5	
	6a	Gross rents	6a	
	b	Gross royalties and license fees	6b	
	7	Net gain or (loss) on sale of capital assets	7	
Deductions	8a	Foreign currency transaction gain or loss - unrealized	8a	
	b	Foreign currency transaction gain or loss - realized	8b	
	9	Other income (attach statement)	9	
	10	Total income (add lines 3 through 9)	10	
	11	Compensation not deducted elsewhere	11	
	12a	Rents	12a	
	b	Royalties and license fees	12b	
	13	Interest	13	
Net Income	14	Depreciation not deducted elsewhere	14	
	15	Depletion	15	
	16	Taxes (exclude income tax expense (benefit))	16	
	17	Other deductions (attach statement - exclude income tax expense (benefit))	17	
	18	Total deductions (add lines 11 through 17)	18	
	19	Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10)	19	
Other Comprehensive Income	20	Unusual or infrequently occurring items	20	
	21a	Income tax expense (benefit) - current	21a	
	b	Income tax expense (benefit) - deferred	21b	
	22	Current year net income or (loss) per books (combine lines 19 through 21b)	22	
Other Comprehensive Income	23a	Foreign currency translation adjustments	23a	
	b	Other	23b	
	c	Income tax expense (benefit) related to other comprehensive income	23c	
	24	Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c)	24	

Schedule F Balance Sheet**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash	1	235,833.	NONE
2a Trade notes and accounts receivable	2a	-21,609,818.	NONE
b Less allowance for bad debts	2b	() ()	
3 Derivatives	3		
4 Inventories	4		
5 Other current assets (attach statement). See Statement.36.	5	1,695,477.	NONE
6 Loans to shareholders and other related persons	6		
7 Investment in subsidiaries (attach statement). . . See Statement.36.	7	15,635.	NONE
8 Other investments (attach statement)	8		
9a Buildings and other depreciable assets	9a	7,960.	NONE
b Less accumulated depreciation.	9b	(4,799) ()	NONE
10a Depletable assets	10a		
b Less accumulated depletion	10b	() ()	
11 Land (net of any amortization)	11		
12 Intangible assets:			
a Goodwill	12a		
b Organization costs.	12b		
c Patents, trademarks, and other intangible assets	12c		
d Less accumulated amortization for lines 12a, 12b, and 12c	12d	() ()	
13 Other assets (attach statement) See Statement.36.	13	5,178,114.	NONE
14 Total assets	14	-14,481,598.	NONE
Liabilities and Shareholders' Equity			
15 Accounts payable	15	911,040.	NONE
16 Other current liabilities (attach statement) See Statement.36.	16	8,868,996.	NONE
17 Derivatives	17		
18 Loans from shareholders and other related persons	18		
19 Other liabilities (attach statement)	19		
20 Capital stock:			
a Preferred stock	20a		
b Common stock	20b		
21 Paid-in or capital surplus (attach reconciliation)	21		
22 Retained earnings	22	4,701,562.	NONE
23 Less cost of treasury stock	23	() ()	
24 Total liabilities and shareholders' equity	24	14,481,598.	NONE

Schedule G Other Information

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? If "Yes," see the instructions for required statement.		X
2 During the tax year, did the foreign corporation own an interest in any trust?		X
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branches (see instructions)? If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		X
4a During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)? If "Yes," complete lines 4b and 4c.		X
b Enter the total amount of the base erosion payments. \$ _____		
c Enter the total amount of the base erosion tax benefit \$ _____		
5a During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? If "Yes," complete line 5b.		X
b Enter the total amount of the disallowed deductions (see instructions) \$ _____		

Schedule G Other Information (continued)

	Yes	No
6a Is the filer claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transactions with the foreign corporation? If "Yes," complete lines 6b, 6c, and 6d. See instructions.		X
b Enter the amount of gross receipts derived from all sales of general property to the foreign corporation that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) \$ _____		
c Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included in its computation of FDDEI (see instructions) \$ _____		
d Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in its computation of FDDEI (see instructions) \$ _____		
7 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in which the foreign corporation was a participant during the tax year.		X
8 From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.358-6(b)(2))?		X
9a Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the taxable year? If "Yes," go to line 9b.		X
b Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the tax year \$ _____		
10 During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)? If "Yes," see instructions and attach statement.		X
11 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		X
12 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
13 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X
14 Did you answer "Yes" to any of the questions in the instructions for line 14? If "Yes," enter the corresponding code(s) from the instructions and attach statement _____		X
15 Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)? If "Yes," enter the amount \$ _____		X
16 Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to the current tax year (see instructions)? If "Yes," enter the amount \$ _____		X
17a Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year (see instructions)?		X
b If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)?		
18 Does the reporting corporation have any loan to or from the related party to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of interest within the safe-haven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the relevant term)?		X
19a Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section 1.385-3) during the period including the tax year and the preceding 3 tax years, or, during the period beginning 36 months before the date of the respective distribution or acquisition and ending 36 months afterward, did the reporting corporation issue or refinance indebtedness owed to a related party?		X
b If the answer to question 19a is "Yes," provide the following. (1) The amount of such distribution(s) and acquisition(s) \$ _____ (2) The amount of such related party indebtedness \$ _____		

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder Global Benefits Group Inc

Identifying number 20-3842750

1a	Section 964(e)(4) subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions)	1a	
b	Section 245A(e)(2) subpart F income from hybrid dividends of tiered corporations (see instructions) . . .	1b	
c	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6)	1c	
d	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6)	1d	
e	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A) . .	1e	
f	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	1f	
g	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) . . .	1g	
h	Other subpart F income (enter result from Worksheet A)	1h	
2	Earnings invested in U.S. property (enter the result from Worksheet B)	2	
3	Reserved for future use	3	
4	Factoring income See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.	4	
5a	Section 245A eligible dividends (see instructions)	5a	
b	Extraordinary disposition amounts (see instructions)	5b	
c	Extraordinary reduction amounts (see instructions)	5c	
d	Section 245A(e) dividends (see instructions)	5d	
e	Dividends not reported on line 5a, 5b, 5c, or 5d	5e	
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits	6	

	Yes	No
7a Was any income of the foreign corporation blocked?		X
b Did any such income become unblocked during the tax year (see section 964(b))?		X
If the answer to either question is "Yes," attach an explanation.		
8a Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)?		X
b If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
c Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
9 Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions) \$ _____		

Form **5471** (Rev. 12-2022)

**SCHEDULE E
(Form 5471)**

(Rev. December 2021)

Department of the Treasury
Internal Revenue Service**Income, War Profits, and Excess Profits Taxes Paid or Accrued**

Document Page 454 of 705

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Global Benefits Group Inc

Name of foreign corporation

SHANGHAI (GBG) ENTERPRISE MANAGEMENT CONSULTIN

Identifying number

20-3842750

Reference ID number (see instructions)

3007707

a Separate Category (Enter code - see instructions.) ▶ GEN

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions). ▶

c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ▶

Part I Taxes for Which a Foreign Tax Credit Is Allowed**Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation**

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Unsuspended Taxes	(d) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(e) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(f) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)
1	Shanghai (GBG) Enterprise Management Consulti			CH	2022/01/01	2022/12/31
2						
3						
4						

	(g) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(h) If taxes are paid on U.S. source income, check box	(i) Local Currency in Which Tax Is Payable (enter code - see instructions)	(j) Tax Paid or Accrued (in local currency in which the tax is payable)	(k) Conversion Rate to U.S. Dollars	(l) In U.S. Dollars (divide column (j) by column (k))	(m) In Functional Currency of Foreign Corporation
1	NONE		CNY	NONE	6.6334300	NONE	
2							
3							
4							
5	Total (combine lines 1 through 4 of column (l)). Also report amount on Schedule E-1, line 4 ▶					NONE	
6	Total (combine lines 1 through 4 of column (m)) ▶						

Section 2 - Taxes Deemed Paid by Foreign Corporation

	(a) Name of Lower-Tier Distributing Foreign Corporation	(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter year)
1					
2					
3					
4					

	(f) PTEP Distributed (enter amount in functional currency)	(g) Total Amount of PTEP in the PTEP Group (in functional currency)	(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)	(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/column (g)) x column (h)) (USD)
1				
2				
3				
4				
5	Total (combine lines 1 through 4 of column (i)). Also report amount on Schedule E-1, line 6 ▶			

For Paperwork Reduction Act Notice, see instructions.

Schedule E (Form 5471) (Rev. 12-2021)

JSA

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Name of foreign corporation SHANGHAI (GBG) ENTERPRISE MANAGEMENT CONSULTIN	EIN (if any)	Reference ID number (see instructions) 3007707
a Separate Category (Enter code-see instructions.)		▶ GEN
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)		▶
c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)		▶

Part II Election

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

☐ Yes ☒ No If "Yes," state date of election ▶
Part III Taxes for Which a Foreign Tax Credit Is Disallowed (Enter in functional currency of foreign corporation.)

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	(f) U.S. Taxes	(g) Suspended Taxes	(h) Other	(i) Total
1									
2									
3	In functional currency (combine lines 1 and 2)								▶
4	In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions))								▶

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation**IMPORTANT:** Enter amounts in U.S. dollars.

		Taxes related to:			
		(a) Subpart F Income	(b) Tested Income	(c) Residual Income	(d) Suspended Taxes
1a	Balance at beginning of year (as reported in prior year Schedule E-1)	-0-	-0-	-0-	
b	Beginning balance adjustments (attach statement)				
c	Adjusted beginning balance (combine lines 1a and 1b)				
2	Adjustment for foreign tax redetermination.				
3a	Taxes unsuspended under anti-splitter rules				
b	Taxes suspended under anti-splitter rules.				
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (l)				
5	Taxes carried over in nonrecognition transactions				
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (i).				
7	Other adjustments (attach statement).				
8	Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines 1c through 7)				
9	Taxes deemed paid with respect to inclusions (see instructions)				
10	Taxes deemed paid with respect to actual distributions				
11	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P				
12	Other (attach statement).				
13	Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))				
14	Reserved for future use				
15	Reduction for other taxes not deemed paid.				
16	Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b), and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12	-0-	-0-	-0-	

Schedule E (Form 5471) (Rev. 12-2021)

Page 3

Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
SHANGHAI (GBG) ENTERPRISE MANAGEMENT CONSULTIN		3007707

- a Separate Category (Enter code - see instructions.) ▶ GEN
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ▶

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation (continued)

(e) Taxes related to previously taxed E&P (see instructions)

	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
c										
2										
3a										
b										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

Schedule E (Form 5471) (Rev. 12-2021)

Document Page 457 of 705
Current Earnings and Profits**SCHEDULE H**
(Form 5471)(Rev. December 2021)
Department of the Treasury
Internal Revenue Service

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

Global Benefits Group Inc

Identifying number

20-3842750

Name of foreign corporation

SHANGHAI (GBG) ENTERPRISE MANAGEMENT CONSULTIN

EIN (if any)

Reference ID number (see instructions)

3007707

IMPORTANT: Enter the amounts on lines 1 through 5c in **functional** currency.

1	Current year net income or (loss) per foreign books of account.			1
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):	Net Additions	Net Subtractions	
a	Capital gains or losses.	2a		
b	Depreciation and amortization.	2b		
c	Depletion.	2c		
d	Investment or incentive allowance.	2d		
e	Charges to statutory reserves.	2e		
f	Inventory adjustments.	2f		
g	Income taxes (see Schedule E, Part I, Section 1, line 6, column (m), and Part III, line 3, column (i)).	2g		
h	Foreign currency gains or losses.	2h		
i	Other (attach statement).	2i		
3	Total net additions.	3		
4	Total net subtractions.	4		
5a	Current earnings and profits (line 1 plus line 3 minus line 4).			5a
b	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions).			5b
c	Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(D) the portion of the line 5c amount with respect to the categories of income shown on those lines.			5c
	(i) General category (enter amount on applicable Schedule J, Part I, line 3, column (a)).	5c(i)		
	(ii) Passive category (enter amount on applicable Schedule J, Part I, line 3, column (a)).	5c(ii)		
	(iii) Section 901(j) category:			
	(A) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(A)		
	(B) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(B)		
	(C) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(C)		
	(D) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(D) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(D)		
d	Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions)).			5d
e	Enter exchange rate used for line 5d. ▶ _____			

For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (Rev. 12-2021)

**SCHEDULE I-1
(Form 5471)**

(Rev. December 2021)

Department of the Treasury
Internal Revenue Service

Information for Global Intangible Low-Taxed Income

► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Global Benefits Group Inc

Identifying number

20-3842750

Name of foreign corporation

SHANGHAI (GBG) ENTERPRISE MANAGEMENT CONSULTIN

EIN (if any)

Reference ID number (see instructions)

3007707

Separate Category (Enter code - see instructions.)

► GEN

		Functional Currency	Conversion Rate	U.S. Dollars
1 Gross income (see instructions if cost of goods sold exceed gross receipts)	1			
2 Exclusions (see instructions if cost of goods sold exceed gross receipts)				
a Effectively connected income	2a			
b Subpart F income	2b			
c High-tax exception income per section 954(b)(4)	2c			
d Related party dividends	2d			
e Foreign oil and gas extraction income	2e			
3 Total exclusions (combine lines 2a through 2e)	3			
4 Gross income less total exclusions (line 1 minus line 3) (see instructions)	4			
5 Deductions properly allocable to amount on line 4	5			
6 Tested income (loss) (line 4 minus line 5) (see instructions)	6			
7 Tested foreign income taxes	7			
8 Qualified business asset investment (QBAI)	8			
9a Interest expense included on line 5	9a			
b Qualified interest expense	9b			
c Tested loss QBAI amount	9c			
d Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0-	9d			
10a Interest income included in line 4	10a			
b Qualified interest income	10b			
c Tested interest income (line 10a minus line 10b). If zero or less, enter -0-	10c			

For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2021)

**SCHEDULE J
(Form 5471)**(Rev. December 2020)
Department of the Treasury
Internal Revenue Service**Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation**► **Attach to Form 5471.**

OMB No. 1545-0123

► **Go to www.irs.gov/Form5471 for instructions and the latest information.**

Name of person filing Form 5471

Global Benefits Group Inc

Identifying number

20-3842750

Name of foreign corporation

SHANGHAI (GBG) ENTERPRISE MANAGEMENT CONSULTIN

EIN (if any)

Reference ID number (see instructions)

3007707

a Separate Category (Enter code - see instructions.) ► GEN**b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ►**Part I Accumulated E&P of Controlled Foreign Corporation**☐ Check the box if person filing return does not have all U.S. shareholders' information to complete an amount in column (e) (see instructions).**Important:** Enter amounts in functional currency.

		(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	
						(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP
1a	Balance at beginning of year (as reported on prior year Schedule J)	-12,469,173.					
b	Beginning balance adjustments (attach statement)						
c	Adjusted beginning balance (combine lines 1a and 1b)	-12,469,173.					
2a	Reduction for taxes unsuspended under anti-splitter rules						
b	Disallowed deduction for taxes suspended under anti-splitter rules						
3	Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H)						
4	E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation						
5a	E&P carried over in nonrecognition transaction						
b	Reclassify deficit in E&P as hovering deficit after nonrecognition transaction						
6	Other adjustments (attach statement)						
7	Total current and accumulated E&P (combine lines 1c through 6)	-12,469,173.					
8	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P						
9	Actual distributions						
10	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P						
11	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
12	Other adjustments (attach statement)						
13	Hovering deficit offset of undistributed post- transaction E&P (see instructions)						
14	Balance at beginning of next year (combine lines 7 through 13)	-12,469,173.					

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.**Schedule J (Form 5471) (Rev. 12-2020)**

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Part I Accumulated E&P of Controlled Foreign Corporation <i>(continued)</i>					
(e) Previously Taxed E&P (see instructions)					
	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP
1 a					
b					
c					
2 a					
b					
3					
4					
5 a					
b					
6					
7					
8					
9					
10					
11					
12					
13					
14					

(e) Previously Taxed E&P (see instructions)				(f)
	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))
1 a				-12,469,173.
b				
c				-12,469,173.
2 a				
b				
3				
4				
5 a				
b				
6				
7				-12,469,173.
8				
9				
10				
11				
12				
13				
14				-12,469,173.

Part II **Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))**

Important: Enter amounts in functional currency.

1	Balance at beginning of year	▶	1	
2	Additions (amounts subject to future recapture).	▶	2	
3	Subtractions (amounts recaptured in current year)	▶	3	
4	Balance at end of year (combine lines 1 through 3)	▶	4	

Schedule J (Form 5471) (Rev. 12-2020)

SCHEDULE M
(Form 5471)(Rev. December 2021)
Department of the Treasury
Internal Revenue Service**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

OMB No. 1545-0123

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

Identifying number

Global Benefits Group Inc

20-3842750

Name of foreign corporation

EIN (if any)

Reference ID number (see instructions)

SHANGHAI (GBG) ENTERPRISE MANAGEMENT CONSULTIN

3007707

Important: Complete a **separate** Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

CNY

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.).					
4 Platform contribution transaction payments received					
5 Cost sharing transaction payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services . .					
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Hybrid dividends received (see instructions)					
10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income)					
11 Interest received.					
12 Premiums received for insurance or reinsurance.					
13 Loan guarantee fees received .					
14 Other amounts received (attach statement)					
15 Add lines 1 through 14					
16 Purchases of stock in trade (inventory)					
17 Purchases of tangible property other than stock in trade. . . .					
18 Purchases of property rights (patents, trademarks, etc.)					
19 Platform contribution transaction payments paid					
20 Cost sharing transaction payments paid .					
21 Compensation paid for technical, managerial, engineering, construction, or like services . .					
22 Commissions paid					
23 Rents, royalties, and license fees paid					
24 Hybrid dividends paid (see instructions)					
25 Dividends paid (exclude hybrid dividends paid)					
26 Interest paid					
27 Premiums paid for insurance or reinsurance					
28 Loan guarantee fees paid . . .					
29 Other amounts paid (attach statement). .					
30 Add lines 16 through 29.					

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule M (Form 5471) (Rev. 12-2021)

Schedule M (Form 5471) (Rev. 12-2021)

Page 2

Name of person filing Form 5471

Identifying number

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
31 Accounts Payable					
32 Amounts borrowed (enter the maximum loan balance during the year) - see instructions					
33 Accounts Receivable					
34 Amounts loaned (enter the maximum loan balance during the year) - see instructions					

Schedule M (Form 5471) (Rev. 12-2021)

**SCHEDULE P
(Form 5471)**

(Rev. December 2020)

Department of the Treasury
Internal Revenue Service**Previously Taxed Earnings and Profits of U.S. Shareholder
of Certain Foreign Corporations**

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Global Benefits Group Inc

Name of U.S. shareholder

Global Benefits Group Inc

Name of foreign corporation

SHANGHAI (GBG) ENTERPRISE MANAGEMENT CONSULTIN

EIN (if any)

Identifying number

20-3842750

Identifying number

20-3842750

Reference ID number (see instructions)

3007707

a Separate Category (Enter code - see instructions.) ▶

GEN

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶

Part I Previously Taxed E&P in Functional Currency (see instructions)

		(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1a	Balance at beginning of year (see instructions)			
b	Beginning balance adjustments (attach statement)			
c	Adjusted beginning balance (combine lines 1a and 1b)			
2	Reduction for taxes unsuspended under anti-splitter rules			
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4	Previously taxed E&P carried over in nonrecognition transaction			
5	Other adjustments (attach statement)			
6	Total previously taxed E&P (combine lines 1c through 5)			
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8	Actual distributions of previously taxed E&P			
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11	Other adjustments (attach statement)			
12	Balance at beginning of next year (combine lines 6 through 11)			

For Paperwork Reduction Act Notice, see instructions.

Schedule P (Form 5471) (Rev. 12-2020)

Part I **Previously Taxed E&P in Functional Currency** (see instructions) *(continued)*

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Part II Previously Taxed E&P in U.S. Dollars

		(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1 a	Balance at beginning of year (see instructions)			
b	Beginning balance adjustments (attach statement)			
c	Adjusted beginning balance (combine lines 1a and 1b)			
2	Reduction for taxes unsuspended under anti-splitter rules			
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4	Previously taxed E&P carried over in nonrecognition transaction			
5	Other adjustments (attach statement)			
6	Total previously taxed E&P (combine lines 1c through 5)			
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8	Actual distributions of previously taxed E&P			
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11	Other adjustments (attach statement)			
12	Balance at beginning of next year (combine lines 6 through 11)			

Schedule P (Form 5471) (Rev. 12-2020)

Part II Previously Taxed E&P in U.S. Dollars *(continued)*

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Schedule P (Form 5471) (Rev. 12-2020)

SCHEDULE Q
(Form 5471)(Rev. December 2022)
Department of the Treasury
Internal Revenue Service**CFC Income by CFC Income Groups**

Attach to Form 5471.

OMB No. 1545-0123

Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

Global Benefits Group Inc

Identifying number

20-3842750

Name of foreign corporation

SHANGHAI (GBG) ENTERPRISE MANAGEMENT CONSULTIN

EIN (if any)

Reference ID number (see instructions)

3007707

Complete a separate Schedule Q with respect to each applicable category of income (see instructions).

A Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes) GEN**B** If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions)**C** If code "901j" is entered on line A, enter the country code for the sanctioned country (see instructions)

Complete a separate Schedule Q for U.S. source income and foreign source income (see instructions for an exception).

D Indicate whether this Schedule Q is being completed for: ☐ U.S. source income or ☒ Foreign source income

Complete a separate Schedule Q for FOGEI or FORI income.

E If this Schedule Q is being completed for FOGEI or FORI income, check this box ☐Enter amounts in functional currency
of the foreign corporation (unless
otherwise noted).

	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
1 Subpart F Income Groups							
a Dividends, Interest, Rents, Royalties, & Annuities (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
b Net Gain From Certain Property Transactions (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
c Net Gain From Commodities Transactions (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
d Net Foreign Currency Gain (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
e Income Equivalent to Interest (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
f Other							
(1) Unit name: _____							
(2) Unit name: _____							
g Foreign Base Company Sales Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							

Important: See **Computer-Generated Schedule Q** in instructions.

For Paperwork Reduction Act Notice, see instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

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Schedule Q (Form 5471) (Rev. 12-2022)

Page **2**

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
a									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
b									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
c									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
d									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
e									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
f									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
g									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		

Important: See **Computer-Generated Schedule Q** in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

Schedule Q (Form 5471) (Rev. 12-2022)

Page **3**

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).

	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
1 Subpart F Income Groups							
h Foreign Base Company Services Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
i Full Inclusion Foreign Base Company Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
j Insurance Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
k International Boycott Income							
l Bribes, Kickbacks, and Other Payments							
m Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
4 Residual Income Group (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
5 Total							

Important: See *Computer-Generated Schedule Q* in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

Schedule Q (Form 5471) (Rev. 12-2022)

Page **4**

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
h									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
i									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
j									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
k									
l									
m									
2									
3									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
4									
(1)									
(2)									
5									

Important: See **Computer-Generated Schedule Q** in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

**SCHEDULE R
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

Distributions From a Foreign Corporation

► Attach to Form 5471.

OMB No. 1545-0123

► Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471		Identifying number
Global Benefits Group Inc		20-3842750
Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
SHANGHAI (GBG) ENTERPRISE MANAGEMENT CONSULTIN		3007707

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	No Distributions	12/31/2022	NONE	NONE
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

Form **5471**

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service**Information Return of U.S. Persons With Respect
to Certain Foreign Corporations**Go to www.irs.gov/Form5471 for instructions and the latest information.Information furnished for the foreign corporation's annual accounting period (tax year required by
section 898) (see instructions) beginning 01/01/2022 , and ending 12/31/2022

OMB No. 1545-0123

Attachment
Sequence No. **121**

Name of person filing this return

Global Benefits Group Inc

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

27422 PORTOLA PARKWAY - SUITE 110

City or town, state, and ZIP code

FOOTHILL RANCH, CA 92610

Filer's tax year beginning 01/01/2022 , and ending 12/31/2022

D Check box if this is a final Form 5471 for the foreign corporation ☐**E** Check if any excepted specified foreign financial assets are reported on this form (see instructions). ☐**F** Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40 ☐**G** If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions)**H** Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director
GLOBAL BENEFITS GROUP, INC.	27422 PORTOLA PARKWAY, FOOTHILL RANCH 92610 CA	20-3842750	X		

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation				b(1) Employer identification number, if any	
GBG SERVICES (INDIA) PRIVATE LIMITED					
ASCENT TOWERS, 4TH FLOOR ROAD 10				b(2) Reference ID number (see instructions)	
BANJARA HILLS, HYDERABAD 500034 IN				541990	
				c Country under whose laws incorporated	
				IN	
d Date of incorporation	e Principal place of business	f Principal business activity code number	g Principal business activity	h Functional currency code	
10/16/2010	IN	541990	CONSULTANT	INR	

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b If a U.S. income tax return was filed, enter:	
	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)
c Name and address of foreign corporation's statutory or resident agent in country of incorporation	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different	

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	74.	74.

For Paperwork Reduction Act Notice, see instructions.

Form **5471** (Rev. 12-2022)

Schedule B	Shareholders of Foreign Corporation
Part I	U.S. Shareholders of Foreign Corporation (see instructions)

Part I U.S. Shareholders of Foreign Corporation (see instructions)

Part II	Direct Shareholders of Foreign Corporation (see instructions)
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Form **5471** (Rev. 12-2022)

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. generally accepted accounting principles (GAAP). Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for dollar approximate separate transactions method (DASTM) corporations.

			Functional Currency	U.S. Dollars
Income	1a Gross receipts or sales	1a	179,387,876.	2,282,614.
	b Returns and allowances	1b		
	c Subtract line 1b from line 1a	1c	179,387,876.	2,282,614.
	2 Cost of goods sold	2		
	3 Gross profit (subtract line 2 from line 1c)	3	179,387,876.	2,282,614.
	4 Dividends	4		
	5 Interest	5	119,926.	1,526.
	6a Gross rents	6a		
	b Gross royalties and license fees	6b		
	7 Net gain or (loss) on sale of capital assets	7		
Deductions	8a Foreign currency transaction gain or loss - unrealized	8a		
	b Foreign currency transaction gain or loss - realized	8b	-9,830,904.	-125,093.
	9 Other income (attach statement)	9		
	10 Total income (add lines 3 through 9)	10	169,676,898.	2,159,047.
	11 Compensation not deducted elsewhere	11	122,222,572.	1,555,216.
	12a Rents	12a	12,142,120.	154,502.
	b Royalties and license fees	12b		
	13 Interest	13		
	14 Depreciation not deducted elsewhere	14	-1,968,334.	-25,046.
	15 Depletion	15		
Net Income	16 Taxes (exclude income tax expense (benefit))	16		
	17 Other deductions (attach statement - exclude income tax expense (benefit)). See Statement 38	17	25,737,863.	327,500.
	18 Total deductions (add lines 11 through 17)	18	158,134,221.	2,012,172.
	19 Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10) . .	19	11,542,677.	146,874.
Other Comprehensive Income	20 Unusual or infrequently occurring items	20		
	21a Income tax expense (benefit) - current. . See Statement 38	21a	3,269,651.	41,605.
	b Income tax expense (benefit) - deferred	21b		
	22 Current year net income or (loss) per books (combine lines 19 through 21b) .	22	8,273,026.	105,270.
Other Comprehensive Income	23a Foreign currency translation adjustments	23a		
	b Other	23b		
	c Income tax expense (benefit) related to other comprehensive income	23c		
	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c).	24		

Form 5471 (Rev. 12-2022)

Schedule F Balance Sheet**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash	1	586,448.	338,901.
2a Trade notes and accounts receivable	2a		
b Less allowance for bad debts	2b	() ()	
3 Derivatives	3		
4 Inventories	4		
5 Other current assets (attach statement). See Statement 39.	5	532,585.	1,998,890.
6 Loans to shareholders and other related persons	6		
7 Investment in subsidiaries (attach statement).	7		
8 Other investments (attach statement)	8		
9a Buildings and other depreciable assets	9a	335,736.	1,395,253.
b Less accumulated depreciation.	9b	(301,873.) (286,225)	
10a Depletable assets	10a		
b Less accumulated depletion	10b	() ()	
11 Land (net of any amortization)	11		
12 Intangible assets:			
a Goodwill	12a		
b Organization costs.	12b		
c Patents, trademarks, and other intangible assets	12c		
d Less accumulated amortization for lines 12a, 12b, and 12c	12d	() ()	
13 Other assets (attach statement) See Statement 39.	13	1,113,734.	NONE
14 Total assets	14	2,266,630.	3,446,819.
Liabilities and Shareholders' Equity			
15 Accounts payable	15	24,728.	29,001.
16 Other current liabilities (attach statement) See Statement 39.	16	679,333.	1,749,979.
17 Derivatives	17		
18 Loans from shareholders and other related persons	18		
19 Other liabilities (attach statement) See Statement 39.	19	NONE	1.
20 Capital stock:			
a Preferred stock	20a		
b Common stock	20b	2,010.	2,010.
21 Paid-in or capital surplus (attach reconciliation)	21	25,868.	25,868.
22 Retained earnings	22	1,534,691.	1,639,960.
23 Less cost of treasury stock	23	() ()	
24 Total liabilities and shareholders' equity	24	2,266,630.	3,446,819.

Schedule G Other Information

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? If "Yes," see the instructions for required statement.		X
2 During the tax year, did the foreign corporation own an interest in any trust?		X
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branches (see instructions)? If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		X
4a During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)? If "Yes," complete lines 4b and 4c.		X
b Enter the total amount of the base erosion payments. \$ _____		
c Enter the total amount of the base erosion tax benefit \$ _____		
5a During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? If "Yes," complete line 5b.		X
b Enter the total amount of the disallowed deductions (see instructions) \$ _____		

Schedule G Other Information (continued)

	Yes	No
6a Is the filer claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transactions with the foreign corporation? If "Yes," complete lines 6b, 6c, and 6d. See instructions.		X
b Enter the amount of gross receipts derived from all sales of general property to the foreign corporation that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) \$ _____		
c Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included in its computation of FDDEI (see instructions) \$ _____		
d Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in its computation of FDDEI (see instructions) \$ _____		
7 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in which the foreign corporation was a participant during the tax year.		X
8 From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.358-6(b)(2))?		X
9a Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the taxable year? If "Yes," go to line 9b.		X
b Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the tax year \$ _____		
10 During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)? If "Yes," see instructions and attach statement.		X
11 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		X
12 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
13 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X
14 Did you answer "Yes" to any of the questions in the instructions for line 14? If "Yes," enter the corresponding code(s) from the instructions and attach statement _____		X
15 Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)? If "Yes," enter the amount \$ _____		X
16 Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to the current tax year (see instructions)? If "Yes," enter the amount \$ _____		X
17a Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year (see instructions)?		X
b If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)?		
18 Does the reporting corporation have any loan to or from the related party to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of interest within the safe-haven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the relevant term)?		X
19a Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section 1.385-3) during the period including the tax year and the preceding 3 tax years, or, during the period beginning 36 months before the date of the respective distribution or acquisition and ending 36 months afterward, did the reporting corporation issue or refinance indebtedness owed to a related party?		X
b If the answer to question 19a is "Yes," provide the following. (1) The amount of such distribution(s) and acquisition(s) \$ _____ (2) The amount of such related party indebtedness \$ _____		

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder Global Benefits Group Inc

Identifying number 20-3842750

1a	Section 964(e)(4) subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions)	1a	
b	Section 245A(e)(2) subpart F income from hybrid dividends of tiered corporations (see instructions) . . .	1b	
c	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6)	1c	
d	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6)	1d	
e	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A) . .	1e	
f	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	1f	
g	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) . .	1g	
h	Other subpart F income (enter result from Worksheet A)	1h	
2	Earnings invested in U.S. property (enter the result from Worksheet B)	2	
3	Reserved for future use	3	
4	Factoring income See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.	4	
5a	Section 245A eligible dividends (see instructions)	5a	
b	Extraordinary disposition amounts (see instructions)	5b	
c	Extraordinary reduction amounts (see instructions)	5c	
d	Section 245A(e) dividends (see instructions)	5d	
e	Dividends not reported on line 5a, 5b, 5c, or 5d	5e	
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits	6	

	Yes	No
7a Was any income of the foreign corporation blocked?		
b Did any such income become unblocked during the tax year (see section 964(b))?		
If the answer to either question is "Yes," attach an explanation.		
8a Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)?		
b If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
c Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
9 Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions) \$ _____		

Form **5471** (Rev. 12-2022)

**SCHEDULE E
(Form 5471)**

(Rev. December 2021)

Department of the Treasury
Internal Revenue Service**Income, War Profits, and Excess Profits Taxes Paid or Accrued**

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Global Benefits Group Inc

Name of foreign corporation

GBG SERVICES (INDIA) PRIVATE LIMITED

Identifying number

20-3842750

Reference ID number (see instructions)

541990

a Separate Category (Enter code - see instructions.) ▶ GEN

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions). ▶

c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ▶

Part I Taxes for Which a Foreign Tax Credit Is Allowed**Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation**

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Unsuspended Taxes	(d) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(e) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(f) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)
1	GBG Services (India) Private Limited	541990		IN	2022/01/01	2022/12/31
2						
3						
4						

	(g) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(h) If taxes are paid on U.S. source income, check box	(i) Local Currency in Which Tax Is Payable (enter code - see instructions)	(j) Tax Paid or Accrued (in local currency in which the tax is payable)	(k) Conversion Rate to U.S. Dollars	(l) In U.S. Dollars (divide column (j) by column (k))	(m) In Functional Currency of Foreign Corporation
1	146,874.		INR	3,269,651.	78.5887600	41,605.	3,269,651.
2							
3							
4							
5	Total (combine lines 1 through 4 of column (l)). Also report amount on Schedule E-1, line 4 ▶					41,605.	
6	Total (combine lines 1 through 4 of column (m)) ▶						3,269,651.

Section 2 - Taxes Deemed Paid by Foreign Corporation

	(a) Name of Lower-Tier Distributing Foreign Corporation	(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter year)
1					
2					
3					
4					

	(f) PTEP Distributed (enter amount in functional currency)	(g) Total Amount of PTEP in the PTEP Group (in functional currency)	(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)	(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/column (g)) x column (h)) (USD)
1				
2				
3				
4				
5	Total (combine lines 1 through 4 of column (i)). Also report amount on Schedule E-1, line 6 ▶			

For Paperwork Reduction Act Notice, see instructions.

Schedule E (Form 5471) (Rev. 12-2021)

JSA

2X1666 2.000

0001W4 X45R

Name of foreign corporation GBG SERVICES (INDIA) PRIVATE LIMITED	EIN (if any)	Reference ID number (see instructions) 541990
a Separate Category (Enter code-see instructions.)		▶ GEN
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)		▶
c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)		▶

Part II Election

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

☐ Yes ☒ No If "Yes," state date of election ▶
Part III Taxes for Which a Foreign Tax Credit Is Disallowed (Enter in functional currency of foreign corporation.)

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	(f) U.S. Taxes	(g) Suspended Taxes	(h) Other	(i) Total
1									
2									
3	In functional currency (combine lines 1 and 2)								▶
4	In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions)).								▶

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation

IMPORTANT: Enter amounts in U.S. dollars.		Taxes related to:			
		(a) Subpart F Income	(b) Tested Income	(c) Residual Income	(d) Suspended Taxes
1a	Balance at beginning of year (as reported in prior year Schedule E-1)	-0-	-0-	-0-	
b	Beginning balance adjustments (attach statement)				
c	Adjusted beginning balance (combine lines 1a and 1b)				
2	Adjustment for foreign tax redetermination.				
3a	Taxes unsuspended under anti-splitter rules				
b	Taxes suspended under anti-splitter rules.				
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (l)		41,605.		
5	Taxes carried over in nonrecognition transactions				
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (i).				
7	Other adjustments (attach statement).				
8	Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines 1c through 7)		41,605.		
9	Taxes deemed paid with respect to inclusions (see instructions)				
10	Taxes deemed paid with respect to actual distributions				
11	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P				
12	Other (attach statement).				
13	Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))		41,605.		
14	Reserved for future use				
15	Reduction for other taxes not deemed paid.				
16	Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b), and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12	-0-	-0-	-0-	

Schedule E (Form 5471) (Rev. 12-2021)

Page 3

Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
GBG SERVICES (INDIA) PRIVATE LIMITED		541990

- a Separate Category (Enter code - see instructions.) ▶ GEN
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ▶

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation (continued)

(e) Taxes related to previously taxed E&P (see instructions)

	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
c										
2										
3a										
b										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

Schedule E (Form 5471) (Rev. 12-2021)

Document Page 482 of 705
Current Earnings and Profits**SCHEDULE H**
(Form 5471)(Rev. December 2021)
Department of the Treasury
Internal Revenue Service

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

Global Benefits Group Inc

Identifying number

20-3842750

Name of foreign corporation

GBG SERVICES (INDIA) PRIVATE LIMITED

EIN (if any)

Reference ID number (see instructions)

541990

IMPORTANT: Enter the amounts on lines 1 through 5c in **functional** currency.

1	Current year net income or (loss) per foreign books of account.			1	8,273,027.
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):	Net Additions	Net Subtractions		
a	Capital gains or losses.	2a			
b	Depreciation and amortization.	2b			
c	Depletion.	2c			
d	Investment or incentive allowance.	2d			
e	Charges to statutory reserves.	2e			
f	Inventory adjustments.	2f			
g	Income taxes (see Schedule E, Part I, Section 1, line 6, column (m), and Part III, line 3, column (i)).	2g	3,269,651.		
h	Foreign currency gains or losses.	2h			
i	Other (attach statement).	2i			
3	Total net additions.	3	3,269,651.		
4	Total net subtractions.	4			
5a	Current earnings and profits (line 1 plus line 3 minus line 4).	5a			11,542,678.
b	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions).	5b			
c	Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(D) the portion of the line 5c amount with respect to the categories of income shown on those lines.	5c			11,542,678.
(i)	General category (enter amount on applicable Schedule J, Part I, line 3, column (a)).	5c(i)			
(ii)	Passive category (enter amount on applicable Schedule J, Part I, line 3, column (a)).	5c(ii)			
(iii)	Section 901(j) category:				
(A)	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(A)			
(B)	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(B)			
(C)	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(C)			
(D)	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(D) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(D)			
d	Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions)).	5d			139,492.
e	Enter exchange rate used for line 5d. ▶		82.7477390		

For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (Rev. 12-2021)

**SCHEDULE I-1
(Form 5471)**

(Rev. December 2021)

Department of the Treasury
Internal Revenue Service

Information for Global Intangible Low-Taxed Income

► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471 Global Benefits Group Inc		Identifying number 20-3842750
Name of foreign corporation GBG SERVICES (INDIA) PRIVATE LIMITED	EIN (if any)	Reference ID number (see instructions) 541990
Separate Category (Enter code - see instructions.)		► GEN

		Functional Currency	Conversion Rate	U.S. Dollars
1 Gross income (see instructions if cost of goods sold exceed gross receipts)	1	169,676,899.		
2 Exclusions (see instructions if cost of goods sold exceed gross receipts)				
a Effectively connected income 2a				
b Subpart F income 2b				
c High-tax exception income per section 954(b)(4) 2c				
d Related party dividends 2d				
e Foreign oil and gas extraction income 2e				
3 Total exclusions (combine lines 2a through 2e) 3				
4 Gross income less total exclusions (line 1 minus line 3) (see instructions) 4		169,676,899.		
5 Deductions properly allocable to amount on line 4 5		161,403,872.		
6 Tested income (loss) (line 4 minus line 5) (see instructions) 6		8,273,027.	78.5887600	105,270.
7 Tested foreign income taxes 7			78.5887600	
8 Qualified business asset investment (QBAI) 8			78.5887600	
9a Interest expense included on line 5 9a				
b Qualified interest expense 9b				
c Tested loss QBAI amount 9c				
d Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0- 9d			78.5887600	
10a Interest income included in line 4 10a		119,926.		
b Qualified interest income 10b				
c Tested interest income (line 10a minus line 10b). If zero or less, enter -0- 10c		119,926.	78.5887600	1,526.

For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2021)

**SCHEDULE J
(Form 5471)**(Rev. December 2020)
Department of the Treasury
Internal Revenue Service**Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation**► **Attach to Form 5471.**

OMB No. 1545-0123

► **Go to www.irs.gov/Form5471 for instructions and the latest information.**

Name of person filing Form 5471

Global Benefits Group Inc

Identifying number

20-3842750

Name of foreign corporation

GBG SERVICES (INDIA) PRIVATE LIMITED

EIN (if any)

Reference ID number (see instructions)

541990

a Separate Category (Enter code - see instructions.) ► GEN**b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ►**Part I Accumulated E&P of Controlled Foreign Corporation**☐ Check the box if person filing return does not have all U.S. shareholders' information to complete an amount in column (e) (see instructions).**Important:** Enter amounts in functional currency.

		(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	
						(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP
1a	Balance at beginning of year (as reported on prior year Schedule J)	41,193,103.					
b	Beginning balance adjustments (attach statement)						
c	Adjusted beginning balance (combine lines 1a and 1b)	41,193,103.					
2a	Reduction for taxes unsuspended under anti-splitter rules						
b	Disallowed deduction for taxes suspended under anti-splitter rules						
3	Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H)	11,542,678.					
4	E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation						
5a	E&P carried over in nonrecognition transaction						
b	Reclassify deficit in E&P as hovering deficit after nonrecognition transaction						
6	Other adjustments (attach statement)						
7	Total current and accumulated E&P (combine lines 1c through 6)	52,735,781.					
8	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P						
9	Actual distributions						
10	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P						
11	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
12	Other adjustments (attach statement)						
13	Hovering deficit offset of undistributed post- transaction E&P (see instructions)						
14	Balance at beginning of next year (combine lines 7 through 13)	52,735,781.					

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.**Schedule J (Form 5471) (Rev. 12-2020)**

JSA

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Part I Accumulated E&P of Controlled Foreign Corporation <i>(continued)</i>					
	(e) Previously Taxed E&P (see instructions)				
	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP
1 a					
b					
c					
2 a					
b					
3					
4					
5 a					
b					
6					
7					
8					
9					
10					
11					
12					
13					
14					
	(e) Previously Taxed E&P (see instructions)			(f)	
	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))	
1 a				41,193,103.	
b					
c				41,193,103.	
2 a					
b					
3				11,542,678.	
4					
5 a					
b					
6					
7				52,735,781.	
8					
9					
10					
11					
12					
13					
14				52,735,781.	

Part II **Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))**

Important: Enter amounts in functional currency.

1	Balance at beginning of year	▶	1	
2	Additions (amounts subject to future recapture).	▶	2	
3	Subtractions (amounts recaptured in current year)	▶	3	
4	Balance at end of year (combine lines 1 through 3)	▶	4	

Schedule J (Form 5471) (Rev. 12-2020)

SCHEDULE M
(Form 5471)(Rev. December 2021)
Department of the Treasury
Internal Revenue Service**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

OMB No. 1545-0123

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

Identifying number

Global Benefits Group Inc

20-3842750

Name of foreign corporation

EIN (if any)

Reference ID number (see instructions)

GBG SERVICES (INDIA) PRIVATE LIMITED

541990

Important: Complete a **separate** Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

INR

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.).					
4 Platform contribution transaction payments received					
5 Cost sharing transaction payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services . .					
7 Commissions received	2,282,615.				
8 Rents, royalties, and license fees received					
9 Hybrid dividends received (see instructions)					
10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income)					
11 Interest received.					
12 Premiums received for insurance or reinsurance.					
13 Loan guarantee fees received .					
14 Other amounts received (attach statement)					
15 Add lines 1 through 14	2,282,615.				
16 Purchases of stock in trade (inventory)					
17 Purchases of tangible property other than stock in trade. . . .					
18 Purchases of property rights (patents, trademarks, etc.) . . .					
19 Platform contribution transaction payments paid					
20 Cost sharing transaction payments paid .					
21 Compensation paid for technical, managerial, engineering, construction, or like services . .					
22 Commissions paid					
23 Rents, royalties, and license fees paid					
24 Hybrid dividends paid (see instructions)					
25 Dividends paid (exclude hybrid dividends paid)					
26 Interest paid					
27 Premiums paid for insurance or reinsurance					
28 Loan guarantee fees paid . . .					
29 Other amounts paid (attach statement). .					
30 Add lines 16 through 29. . . .					

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule M (Form 5471) (Rev. 12-2021)

Schedule M (Form 5471) (Rev. 12-2021)

Page 2

Name of person filing Form 5471

Identifying number

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
31 Accounts Payable					
32 Amounts borrowed (enter the maximum loan balance during the year) - see instructions					
33 Accounts Receivable	1,399,862.				
34 Amounts loaned (enter the maximum loan balance during the year) - see instructions					

Schedule M (Form 5471) (Rev. 12-2021)

**SCHEDULE P
(Form 5471)**

(Rev. December 2020)

Department of the Treasury
Internal Revenue Service**Previously Taxed Earnings and Profits of U.S. Shareholder
of Certain Foreign Corporations**

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Global Benefits Group Inc

Name of U.S. shareholder

Global Benefits Group Inc

Name of foreign corporation

GBG SERVICES (INDIA) PRIVATE LIMITED

EIN (if any)

Identifying number

20-3842750

Identifying number

20-3842750

Reference ID number (see instructions)

541990

a Separate Category (Enter code - see instructions.)

GEN

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)**Part I Previously Taxed E&P in Functional Currency** (see instructions)

		(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1a	Balance at beginning of year (see instructions)			
b	Beginning balance adjustments (attach statement)			
c	Adjusted beginning balance (combine lines 1a and 1b)			
2	Reduction for taxes unsuspended under anti-splitter rules			
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4	Previously taxed E&P carried over in nonrecognition transaction			
5	Other adjustments (attach statement)			
6	Total previously taxed E&P (combine lines 1c through 5)			
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8	Actual distributions of previously taxed E&P			
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11	Other adjustments (attach statement)			
12	Balance at beginning of next year (combine lines 6 through 11)			

For Paperwork Reduction Act Notice, see instructions.

Schedule P (Form 5471) (Rev. 12-2020)

Part I **Previously Taxed E&P in Functional Currency** (see instructions) *(continued)*

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Part II Previously Taxed E&P in U.S. Dollars

		(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1 a	Balance at beginning of year (see instructions)			
b	Beginning balance adjustments (attach statement)			
c	Adjusted beginning balance (combine lines 1a and 1b)			
2	Reduction for taxes unsuspended under anti-splitter rules			
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4	Previously taxed E&P carried over in nonrecognition transaction			
5	Other adjustments (attach statement)			
6	Total previously taxed E&P (combine lines 1c through 5)			
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8	Actual distributions of previously taxed E&P			
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11	Other adjustments (attach statement)			
12	Balance at beginning of next year (combine lines 6 through 11)			

Schedule P (Form 5471) (Rev. 12-2020)

Part II Previously Taxed E&P in U.S. Dollars *(continued)*

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Schedule P (Form 5471) (Rev. 12-2020)

**SCHEDULE Q
(Form 5471)**(Rev. December 2022)
Department of the Treasury
Internal Revenue Service**CFC Income by CFC Income Groups**

Attach to Form 5471.

Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Global Benefits Group Inc

Identifying number

20-3842750

Name of foreign corporation

GBG SERVICES (INDIA) PRIVATE LIMITED

EIN (if any)

Reference ID number (see instructions)

541990

Complete a separate Schedule Q with respect to each applicable category of income (see instructions).

A Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes) GEN**B** If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions)**C** If code "901j" is entered on line A, enter the country code for the sanctioned country (see instructions)

Complete a separate Schedule Q for U.S. source income and foreign source income (see instructions for an exception).

D Indicate whether this Schedule Q is being completed for: ☐ U.S. source income or ☒ Foreign source income

Complete a separate Schedule Q for FOGEI or FORI income.

E If this Schedule Q is being completed for FOGEI or FORI income, check this box ☐Enter amounts in functional currency
of the foreign corporation (unless
otherwise noted).

	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
1 Subpart F Income Groups							
a Dividends, Interest, Rents, Royalties, & Annuities (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
b Net Gain From Certain Property Transactions (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
c Net Gain From Commodities Transactions (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
d Net Foreign Currency Gain (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
e Income Equivalent to Interest (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
f Other							
(1) Unit name: _____							
(2) Unit name: _____							
g Foreign Base Company Sales Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							

Important: See **Computer-Generated Schedule Q** in instructions.

For Paperwork Reduction Act Notice, see instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

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Schedule Q (Form 5471) (Rev. 12-2022)

Page **2**

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
a									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
b									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
c									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
d									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
e									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
f									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
g									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		

Important: See **Computer-Generated Schedule Q** in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

Schedule Q (Form 5471) (Rev. 12-2022)

Page **3**

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).

	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
1 Subpart F Income Groups							
h Foreign Base Company Services Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
i Full Inclusion Foreign Base Company Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
j Insurance Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
k International Boycott Income							
l Bribes, Kickbacks, and Other Payments							
m Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)		169,676,899.					161,403,872.
(1) Unit name: Tested Income	IN	169,676,899.					161,403,872.
(2) Unit name: _____							
4 Residual Income Group (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
5 Total		169,676,899.					161,403,872.

Important: See **Computer-Generated Schedule Q** in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

Schedule Q (Form 5471) (Rev. 12-2022)

Page **4**

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
h									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
i									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
j									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
k									
l									
m									
2									
3				8,273,027.					8,273,027.
(1)				8,273,027.			<input type="checkbox"/>		8,273,027.
(2)							<input type="checkbox"/>		
4									
(1)									
(2)									
5				8,273,027.					8,273,027.

Important: See **Computer-Generated Schedule Q** in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

**SCHEDULE R
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

Distributions From a Foreign Corporation

► Attach to Form 5471.

OMB No. 1545-0123

► Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471		Identifying number
Global Benefits Group Inc		20-3842750
Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
GBG SERVICES (INDIA) PRIVATE LIMITED		541990

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	No Distributions	12/31/2022	NONE	NONE
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

Form **5471**

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service**Information Return of U.S. Persons With Respect
to Certain Foreign Corporations**Go to www.irs.gov/Form5471 for instructions and the latest information.Information furnished for the foreign corporation's annual accounting period (tax year required by
section 898) (see instructions) beginning 01/01/2022 , and ending 12/31/2022

OMB No. 1545-0123

Attachment
Sequence No. **121**

Name of person filing this return

Global Benefits Group Inc

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

27051 Towne Centre Drive, #210

City or town, state, and ZIP code

FOOTHILL RANCH, CA 92610

Filer's tax year beginning 01/01/2022 , and ending 12/31/2022

D Check box if this is a final Form 5471 for the foreign corporation ☐**E** Check if any excepted specified foreign financial assets are reported on this form (see instructions). ☐**F** Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40 ☐**G** If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions)**H** Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director
GLOBAL BENEFITS GROUP, INC.	27422 PORTOLA PARKWAY, FOOTHILL RANCH CA 92610	20-3842750	X		

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation GLOBAL BENEFITS GROUP CANADA LTD. 1000 - 592 BURRARD STREET VANCOUVER, BC BC V7X 1S8 CA		b(1) Employer identification number, if any 98-1016850
		b(2) Reference ID number (see instructions) 00005
		c Country under whose laws incorporated CA
d Date of incorporation 05/04/2010	e Principal place of business CA	f Principal business activity code number 524210
		g Principal business activity INSURANCE BROKER
		h Functional currency code CAD

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b If a U.S. income tax return was filed, enter:	
	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)
c Name and address of foreign corporation's statutory or resident agent in country of incorporation	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different	

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	100.	100.

For Paperwork Reduction Act Notice, see instructions.

Form **5471** (Rev. 12-2022)

Schedule B	Shareholders of Foreign Corporation
Part I	U.S. Shareholders of Foreign Corporation (see instructions)

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
GLOBAL BENEFITS GROUP, INC 27422 PORTOLA PARKWAY STE 110 FOOTHILL RANCH, CA 92610 20-3842750	COMMON STOCK	100.	100.	100.000000000000

Part II **Direct Shareholders of Foreign Corporation** (see instructions)

(a) Name, address, and identifying number of shareholder. Also, include country of incorporation or formation, if applicable.	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period
GLOBAL BENEFITS GROUP INC 27422 PORTOLA PARKWAY STE 110 FOOTHILL RANCH, CA 92610 20-3842750 US	COMMON STOCK	100.	100.

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. generally accepted accounting principles (GAAP). Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for dollar approximate separate transactions method (DASTM) corporations.

			Functional Currency	U.S. Dollars
Income	1a Gross receipts or sales	1a		
	b Returns and allowances	1b		
	c Subtract line 1b from line 1a	1c		
	2 Cost of goods sold	2		
	3 Gross profit (subtract line 2 from line 1c)	3		
	4 Dividends	4		
	5 Interest	5		
	6a Gross rents	6a		
	b Gross royalties and license fees	6b		
	7 Net gain or (loss) on sale of capital assets	7		
Deductions	8a Foreign currency transaction gain or loss - unrealized	8a		
	b Foreign currency transaction gain or loss - realized	8b	-8,765.	-6,673.
	9 Other income (attach statement)	9		
	10 Total income (add lines 3 through 9)	10	-8,765.	-6,673.
	11 Compensation not deducted elsewhere	11	8,182.	6,229.
	12a Rents	12a	783.	596.
	b Royalties and license fees	12b		
	13 Interest	13		
	14 Depreciation not deducted elsewhere	14		
	15 Depletion	15		
Net Income	16 Taxes (exclude income tax expense (benefit))	16		
	17 Other deductions (attach statement - exclude income tax expense (benefit)). See Statement 40	17	85,990.	65,466.
	18 Total deductions (add lines 11 through 17)	18	94,955.	72,291.
	19 Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10) . .	19	-103,720.	-78,965.
	20 Unusual or infrequently occurring items	20		
	21a Income tax expense (benefit) - current	21a		
	b Income tax expense (benefit) - deferred	21b		
	22 Current year net income or (loss) per books (combine lines 19 through 21b) .	22	-103,720.	-78,965.
	23a Foreign currency translation adjustments	23a		
	b Other	23b		
Other Comprehensive Income	c Income tax expense (benefit) related to other comprehensive income	23c		
	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c).	24		

Form 5471 (Rev. 12-2022)

Schedule F Balance Sheet**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash	1	835,951.	120,166.
2a Trade notes and accounts receivable	2a		
b Less allowance for bad debts	2b () ()		
3 Derivatives	3		
4 Inventories	4		
5 Other current assets (attach statement).	5		
6 Loans to shareholders and other related persons	6		
7 Investment in subsidiaries (attach statement).	7		
8 Other investments (attach statement)	8		
9a Buildings and other depreciable assets	9a		
b Less accumulated depreciation.	9b () ()		
10a Depletable assets	10a		
b Less accumulated depletion	10b () ()		
11 Land (net of any amortization)	11		
12 Intangible assets:			
a Goodwill	12a		
b Organization costs.	12b		
c Patents, trademarks, and other intangible assets	12c		
d Less accumulated amortization for lines 12a, 12b, and 12c	12d () ()		
13 Other assets (attach statement) See Statement 41.	13	-257,660.	-235,210.
14 Total assets	14	578,291.	-115,044.
Liabilities and Shareholders' Equity			
15 Accounts payable	15	NONE	433.
16 Other current liabilities (attach statement) See Statement 41.	16	617,414.	2,608.
17 Derivatives	17		
18 Loans from shareholders and other related persons	18		
19 Other liabilities (attach statement)	19		
20 Capital stock:			
a Preferred stock	20a		
b Common stock	20b		
21 Paid-in or capital surplus (attach reconciliation)	21		
22 Retained earnings	22	-39,122.	-118,085.
23 Less cost of treasury stock	23 () ()		
24 Total liabilities and shareholders' equity	24	578,292.	-115,044.

Schedule G Other Information

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? If "Yes," see the instructions for required statement.		X
2 During the tax year, did the foreign corporation own an interest in any trust?		X
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branches (see instructions)? If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		X
4a During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)? If "Yes," complete lines 4b and 4c.		X
b Enter the total amount of the base erosion payments. \$ _____		
c Enter the total amount of the base erosion tax benefit \$ _____		
5a During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? If "Yes," complete line 5b.		X
b Enter the total amount of the disallowed deductions (see instructions) \$ _____		

Schedule G Other Information (continued)

	Yes	No
6a Is the filer claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transactions with the foreign corporation? If "Yes," complete lines 6b, 6c, and 6d. See instructions.		X
b Enter the amount of gross receipts derived from all sales of general property to the foreign corporation that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) \$ _____		
c Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included in its computation of FDDEI (see instructions) \$ _____		
d Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in its computation of FDDEI (see instructions) \$ _____		
7 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in which the foreign corporation was a participant during the tax year.		X
8 From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.358-6(b)(2))?		X
9a Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the taxable year? If "Yes," go to line 9b.		X
b Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the tax year \$ _____		
10 During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)? If "Yes," see instructions and attach statement.		X
11 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		X
12 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
13 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X
14 Did you answer "Yes" to any of the questions in the instructions for line 14? If "Yes," enter the corresponding code(s) from the instructions and attach statement _____		X
15 Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)? If "Yes," enter the amount \$ _____		X
16 Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to the current tax year (see instructions)? If "Yes," enter the amount \$ _____		X
17a Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year (see instructions)?		X
b If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)?		
18 Does the reporting corporation have any loan to or from the related party to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of interest within the safe-haven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the relevant term)?		X
19a Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section 1.385-3) during the period including the tax year and the preceding 3 tax years, or, during the period beginning 36 months before the date of the respective distribution or acquisition and ending 36 months afterward, did the reporting corporation issue or refinance indebtedness owed to a related party?		X
b If the answer to question 19a is "Yes," provide the following. (1) The amount of such distribution(s) and acquisition(s) \$ _____ (2) The amount of such related party indebtedness \$ _____		

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder Global Benefits Group, Inc.Identifying number 20-3842750

1a	Section 964(e)(4) subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions)	1a	
b	Section 245A(e)(2) subpart F income from hybrid dividends of tiered corporations (see instructions) . . .	1b	
c	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6)	1c	
d	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6)	1d	
e	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A) . .	1e	
f	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	1f	
g	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) . . .	1g	
h	Other subpart F income (enter result from Worksheet A)	1h	
2	Earnings invested in U.S. property (enter the result from Worksheet B)	2	
3	Reserved for future use	3	
4	Factoring income See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.	4	
5a	Section 245A eligible dividends (see instructions)	5a	
b	Extraordinary disposition amounts (see instructions)	5b	
c	Extraordinary reduction amounts (see instructions)	5c	
d	Section 245A(e) dividends (see instructions)	5d	
e	Dividends not reported on line 5a, 5b, 5c, or 5d	5e	
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits	6	

	Yes	No
7a Was any income of the foreign corporation blocked?		X
b Did any such income become unblocked during the tax year (see section 964(b))?		
If the answer to either question is "Yes," attach an explanation.		
8a Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)?		X
b If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
c Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
9 Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions) \$ _____		

Form **5471** (Rev. 12-2022)

**SCHEDULE E
(Form 5471)**

(Rev. December 2021)

Department of the Treasury
Internal Revenue Service**Income, War Profits, and Excess Profits Taxes Paid or Accrued**

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Global Benefits Group Inc

Name of foreign corporation

GLOBAL BENEFITS GROUP CANADA LTD.

Identifying number

20-3842750

Reference ID number (see instructions)

00005

a Separate Category (Enter code - see instructions.) ▶ GEN

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions). ▶

c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ▶

Part I Taxes for Which a Foreign Tax Credit Is Allowed**Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation**

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Unsuspended Taxes	(d) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(e) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(f) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)
1	GLOBAL BENEFITS GROUP CANADA LTD	00005		CA	2022/01/01	2022/12/31
2						
3						
4						

	(g) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(h) If taxes are paid on U.S. source income, check box	(i) Local Currency in Which Tax Is Payable (enter code - see instructions)	(j) Tax Paid or Accrued (in local currency in which the tax is payable)	(k) Conversion Rate to U.S. Dollars	(l) In U.S. Dollars (divide column (j) by column (k))	(m) In Functional Currency of Foreign Corporation
1	NONE		CAD	NONE	1.3135400	NONE	
2							
3							
4							
5	Total (combine lines 1 through 4 of column (l)). Also report amount on Schedule E-1, line 4 ▶					NONE	
6	Total (combine lines 1 through 4 of column (m)) ▶						

Section 2 - Taxes Deemed Paid by Foreign Corporation

	(a) Name of Lower-Tier Distributing Foreign Corporation	(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter year)
1					
2					
3					
4					

	(f) PTEP Distributed (enter amount in functional currency)	(g) Total Amount of PTEP in the PTEP Group (in functional currency)	(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)	(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/column (g)) x column (h)) (USD)
1				
2				
3				
4				
5	Total (combine lines 1 through 4 of column (i)). Also report amount on Schedule E-1, line 6 ▶			

For Paperwork Reduction Act Notice, see instructions.

Schedule E (Form 5471) (Rev. 12-2021)

JSA

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Name of foreign corporation

GLOBAL BENEFITS GROUP CANADA LTD.

EIN (if any)

98-1016850

Reference ID number (see instructions)

00005

- a** Separate Category (Enter code-see instructions). **GEN**
- b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)
- c** If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)

Part II Election

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

☐ Yes ☒ No If "Yes," state date of election ►
Part III Taxes for Which a Foreign Tax Credit Is Disallowed (Enter in functional currency of foreign corporation.)

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	(f) U.S. Taxes	(g) Suspended Taxes	(h) Other	(i) Total
1									
2									
3	In functional currency (combine lines 1 and 2)								►
4	In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions)).								►

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation

IMPORTANT: Enter amounts in U.S. dollars.		Taxes related to:			
		(a) Subpart F Income	(b) Tested Income	(c) Residual Income	(d) Suspended Taxes
1a	Balance at beginning of year (as reported in prior year Schedule E-1)	-0-	-0-	-0-	
b	Beginning balance adjustments (attach statement).				
c	Adjusted beginning balance (combine lines 1a and 1b)				
2	Adjustment for foreign tax redetermination.				
3a	Taxes unsuspended under anti-splitter rules				
b	Taxes suspended under anti-splitter rules.				
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (l)				
5	Taxes carried over in nonrecognition transactions				
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (i).				
7	Other adjustments (attach statement).				
8	Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines 1c through 7)				
9	Taxes deemed paid with respect to inclusions (see instructions)				
10	Taxes deemed paid with respect to actual distributions				
11	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P				
12	Other (attach statement).				
13	Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))				
14	Reserved for future use				
15	Reduction for other taxes not deemed paid.				
16	Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b), and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12	-0-	-0-	-0-	

Schedule E (Form 5471) (Rev. 12-2021)

Page 3

Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
GLOBAL BENEFITS GROUP CANADA LTD.	98-1016850	00005

- a Separate Category (Enter code - see instructions.) ▶ GEN
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ▶

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation (continued)

(e) Taxes related to previously taxed E&P (see instructions)

	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
c										
2										
3a										
b										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

Schedule E (Form 5471) (Rev. 12-2021)

Current Earnings and Profits

SCHEDULE H
(Form 5471)(Rev. December 2021)
Department of the Treasury
Internal Revenue Service

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471 Global Benefits Group Inc		Identifying number 20-3842750
Name of foreign corporation GLOBAL BENEFITS GROUP CANADA LTD.	EIN (if any) 98-1016850	Reference ID number (see instructions) 00005

IMPORTANT: Enter the amounts on lines 1 through 5c in **functional** currency.

1	Current year net income or (loss) per foreign books of account.			1	-103,720.
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):	Net Additions	Net Subtractions		
a	Capital gains or losses.	2a			
b	Depreciation and amortization.	2b			
c	Depletion.	2c			
d	Investment or incentive allowance.	2d			
e	Charges to statutory reserves.	2e			
f	Inventory adjustments.	2f			
g	Income taxes (see Schedule E, Part I, Section 1, line 6, column (m), and Part III, line 3, column (i)).	2g			
h	Foreign currency gains or losses.	2h			
i	Other (attach statement).	2i			
3	Total net additions.	3			
4	Total net subtractions.	4			
5a	Current earnings and profits (line 1 plus line 3 minus line 4).			5a	-103,720.
b	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions).			5b	
c	Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(D) the portion of the line 5c amount with respect to the categories of income shown on those lines.			5c	-103,720.
	(i) General category (enter amount on applicable Schedule J, Part I, line 3, column (a)).	5c(i)			
	(ii) Passive category (enter amount on applicable Schedule J, Part I, line 3, column (a)).	5c(ii)			
	(iii) Section 901(j) category:				
	(A) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(A)			
	(B) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(B)			
	(C) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(C)			
	(D) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(D) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(D)			
d	Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions)).			5d	-76,684.
e	Enter exchange rate used for line 5d. ▶		1.3525560		

For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (Rev. 12-2021)

**SCHEDULE I-1
(Form 5471)**

(Rev. December 2021)

Department of the Treasury
Internal Revenue Service**Information for Global Intangible Low-Taxed Income**

► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Global Benefits Group Inc

Identifying number

20-3842750

Name of foreign corporation

GLOBAL BENEFITS GROUP CANADA LTD.

EIN (if any)

98-1016850

Reference ID number (see instructions)

00005

Separate Category (Enter code - see instructions.)

► GEN

		Functional Currency	Conversion Rate	U.S. Dollars
1 Gross income (see instructions if cost of goods sold exceed gross receipts)	1	-8,765.		
2 Exclusions (see instructions if cost of goods sold exceed gross receipts)				
a Effectively connected income	2a			
b Subpart F income	2b			
c High-tax exception income per section 954(b)(4)	2c			
d Related party dividends	2d			
e Foreign oil and gas extraction income	2e			
3 Total exclusions (combine lines 2a through 2e)	3			
4 Gross income less total exclusions (line 1 minus line 3) (see instructions)	4	-8,765.		
5 Deductions properly allocable to amount on line 4	5	94,955.		
6 Tested income (loss) (line 4 minus line 5) (see instructions)	6	-103,720.	1.3135400	-78,962.
7 Tested foreign income taxes	7		1.3135400	
8 Qualified business asset investment (QBAI)	8		1.3135400	
9a Interest expense included on line 5	9a			
b Qualified interest expense	9b			
c Tested loss QBAI amount	9c			
d Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0-	9d		1.3135400	
10a Interest income included in line 4	10a			
b Qualified interest income	10b			
c Tested interest income (line 10a minus line 10b). If zero or less, enter -0-	10c		1.3135400	

For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2021)

**SCHEDULE J
(Form 5471)**(Rev. December 2020)
Department of the Treasury
Internal Revenue Service**Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation**► **Attach to Form 5471.**

OMB No. 1545-0123

► **Go to www.irs.gov/Form5471 for instructions and the latest information.**

Name of person filing Form 5471

Global Benefits Group Inc

Identifying number

20-3842750

Name of foreign corporation

GLOBAL BENEFITS GROUP CANADA LTD.

EIN (if any)

98-1016850

Reference ID number (see instructions)

00005

a Separate Category (Enter code - see instructions.)

GEN

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)**Part I Accumulated E&P of Controlled Foreign Corporation**☐ Check the box if person filing return does not have all U.S. shareholders' information to complete an amount in column (e) (see instructions).**Important:** Enter amounts in functional currency.

		(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	
						(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP
1a	Balance at beginning of year (as reported on prior year Schedule J)	-50,524.					
b	Beginning balance adjustments (attach statement)						
c	Adjusted beginning balance (combine lines 1a and 1b)	-50,524.					
2a	Reduction for taxes unsuspended under anti-splitter rules						
b	Disallowed deduction for taxes suspended under anti-splitter rules						
3	Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H)	-103,720.					
4	E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation						
5a	E&P carried over in nonrecognition transaction						
b	Reclassify deficit in E&P as hovering deficit after nonrecognition transaction						
6	Other adjustments (attach statement)						
7	Total current and accumulated E&P (combine lines 1c through 6)	-154,244.					
8	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P						
9	Actual distributions						
10	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P						
11	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
12	Other adjustments (attach statement)						
13	Hovering deficit offset of undistributed post-transaction E&P (see instructions)						
14	Balance at beginning of next year (combine lines 7 through 13)	-154,244.					

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.**Schedule J (Form 5471) (Rev. 12-2020)**

JSA

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Part I Accumulated E&P of Controlled Foreign Corporation (continued)

	(e) Previously Taxed E&P (see instructions)				
	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP
1 a					
b					
c					
2 a					
b					
3					
4					
5 a					
b					
6					
7					
8					
9					
10					
11					
12					
13					
14					

	(e) Previously Taxed E&P (see instructions)			(f)
	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))
1 a				-50,524.
b				
c				-50,524.
2 a				
b				
3				-103,720.
4				
5 a				
b				
6				
7				-154,244.
8				
9				
10				
11				
12				
13				
14				-154,244.

Part II **Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))**

Important: Enter amounts in functional currency.

1	Balance at beginning of year	▶	1	
2	Additions (amounts subject to future recapture).	▶	2	
3	Subtractions (amounts recaptured in current year)	▶	3	
4	Balance at end of year (combine lines 1 through 3)	▶	4	

Schedule J (Form 5471) (Rev. 12-2020)

SCHEDULE M
(Form 5471)(Rev. December 2021)
Department of the Treasury
Internal Revenue Service**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

OMB No. 1545-0123

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

Identifying number

Global Benefits Group Inc

20-3842750

Name of foreign corporation

EIN (if any)

Reference ID number (see instructions)

GLOBAL BENEFITS GROUP CANADA LTD.

98-1016850

00005

Important: Complete a **separate** Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

CANADA, DOLLAR

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.).					
4 Platform contribution transaction payments received					
5 Cost sharing transaction pay- ments received					
6 Compensation received for tech- nical, managerial, engineering, construction, or like services . .					
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Hybrid dividends received (see instructions)					
10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income)					
11 Interest received.					
12 Premiums received for insurance or reinsurance.					
13 Loan guarantee fees received .					
14 Other amounts received (attach statement)					
15 Add lines 1 through 14					
16 Purchases of stock in trade (inventory)					
17 Purchases of tangible property other than stock in trade. . . .					
18 Purchases of property rights (patents, trademarks, etc.) . . .					
19 Platform contribution transaction payments paid					
20 Cost sharing transaction payments paid .					
21 Compensation paid for tech- nical, managerial, engineering, construction, or like services . .					
22 Commissions paid					
23 Rents, royalties, and license fees paid					
24 Hybrid dividends paid (see instructions)					
25 Dividends paid (exclude hybrid dividends paid)					
26 Interest paid					
27 Premiums paid for insurance or reinsurance					
28 Loan guarantee fees paid . . .					
29 Other amounts paid (attach statement). .					
30 Add lines 16 through 29. . . .					

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule M (Form 5471) (Rev. 12-2021)

Schedule M (Form 5471) (Rev. 12-2021)

Page 2

Name of person filing Form 5471

Identifying number

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
31 Accounts Payable	146,856.				
32 Amounts borrowed (enter the maximum loan balance during the year) - see instructions					
33 Accounts Receivable	9,775.				
34 Amounts loaned (enter the maximum loan balance during the year) - see instructions					

Schedule M (Form 5471) (Rev. 12-2021)

**SCHEDULE P
(Form 5471)**

(Rev. December 2020)

Department of the Treasury
Internal Revenue Service**Previously Taxed Earnings and Profits of U.S. Shareholder
of Certain Foreign Corporations**

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Global Benefits Group Inc

Name of U.S. shareholder

Global Benefits Group Inc

Name of foreign corporation

GLOBAL BENEFITS GROUP CANADA LTD.

EIN (if any)

98-1016850

Identifying number

20-3842750

Identifying number

20-3842750

Reference ID number (see instructions)

00005

a Separate Category (Enter code - see instructions.)

GEN

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)**Part I Previously Taxed E&P in Functional Currency** (see instructions)

		(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1a	Balance at beginning of year (see instructions)			
b	Beginning balance adjustments (attach statement)			
c	Adjusted beginning balance (combine lines 1a and 1b)			
2	Reduction for taxes unsuspended under anti-splitter rules			
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4	Previously taxed E&P carried over in nonrecognition transaction			
5	Other adjustments (attach statement)			
6	Total previously taxed E&P (combine lines 1c through 5)			
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8	Actual distributions of previously taxed E&P			
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11	Other adjustments (attach statement)			
12	Balance at beginning of next year (combine lines 6 through 11)			

For Paperwork Reduction Act Notice, see instructions.

Schedule P (Form 5471) (Rev. 12-2020)

Part I **Previously Taxed E&P in Functional Currency** (see instructions) *(continued)*

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Part II Previously Taxed E&P in U.S. Dollars

		(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1 a	Balance at beginning of year (see instructions)			
b	Beginning balance adjustments (attach statement)			
c	Adjusted beginning balance (combine lines 1a and 1b)			
2	Reduction for taxes unsuspended under anti-splitter rules			
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4	Previously taxed E&P carried over in nonrecognition transaction			
5	Other adjustments (attach statement)			
6	Total previously taxed E&P (combine lines 1c through 5)			
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8	Actual distributions of previously taxed E&P			
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11	Other adjustments (attach statement)			
12	Balance at beginning of next year (combine lines 6 through 11)			

Schedule P (Form 5471) (Rev. 12-2020)

Part II Previously Taxed E&P in U.S. Dollars *(continued)*

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Schedule P (Form 5471) (Rev. 12-2020)

SCHEDULE Q
(Form 5471)(Rev. December 2022)
Department of the Treasury
Internal Revenue Service**CFC Income by CFC Income Groups**

Attach to Form 5471.

OMB No. 1545-0123

Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

Global Benefits Group Inc

Identifying number

20-3842750

Name of foreign corporation

GLOBAL BENEFITS GROUP CANADA LTD.

EIN (if any)

98-1016850

Reference ID number (see instructions)

00005

Complete a separate Schedule Q with respect to each applicable category of income (see instructions).

A Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes) GEN**B** If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions)**C** If code "901j" is entered on line A, enter the country code for the sanctioned country (see instructions)

Complete a separate Schedule Q for U.S. source income and foreign source income (see instructions for an exception).

D Indicate whether this Schedule Q is being completed for: ☐ U.S. source income or ☒ Foreign source income

Complete a separate Schedule Q for FOGEI or FORI income.

E If this Schedule Q is being completed for FOGEI or FORI income, check this box ☐Enter amounts in functional currency
of the foreign corporation (unless
otherwise noted).

	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
1 Subpart F Income Groups							
a Dividends, Interest, Rents, Royalties, & Annuities (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
b Net Gain From Certain Property Transactions (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
c Net Gain From Commodities Transactions (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
d Net Foreign Currency Gain (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
e Income Equivalent to Interest (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
f Other							
(1) Unit name: _____							
(2) Unit name: _____							
g Foreign Base Company Sales Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							

Important: See **Computer-Generated Schedule Q** in instructions.

For Paperwork Reduction Act Notice, see instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

JSA

2X1650 3.000

0001W4 X45R

Schedule Q (Form 5471) (Rev. 12-2022)

Page **2**

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
a									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
b									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
c									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
d									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
e									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
f									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
g									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		

Important: See **Computer-Generated Schedule Q** in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

Schedule Q (Form 5471) (Rev. 12-2022)

Page **3**

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).

	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
1 Subpart F Income Groups							
h Foreign Base Company Services Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
i Full Inclusion Foreign Base Company Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
j Insurance Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
k International Boycott Income							
l Bribes, Kickbacks, and Other Payments							
m Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)		-8,765.					94,955.
(1) Unit name: Tested Income	CA	-8,765.					94,955.
(2) Unit name: _____							
4 Residual Income Group (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
5 Total		-8,765.					94,955.

Important: See **Computer-Generated Schedule Q** in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

Schedule Q (Form 5471) (Rev. 12-2022)

Page **4**

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
h									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
i									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
j									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
k									
l									
m									
2									
3				-103,720.					-103,720.
(1)				-103,720.			<input type="checkbox"/>		-103,720.
(2)							<input type="checkbox"/>		
4									
(1)									
(2)									
5				-103,720.					-103,720.

Important: See **Computer-Generated Schedule Q** in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

**SCHEDULE R
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

Distributions From a Foreign Corporation

► Attach to Form 5471.

OMB No. 1545-0123

► Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471		Identifying number
Global Benefits Group Inc		20-3842750
Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
GLOBAL BENEFITS GROUP CANADA LTD.	98-1016850	00005

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	No Distributions	12/31/2022	NONE	NONE
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

Form **5471**

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service**Information Return of U.S. Persons With Respect
to Certain Foreign Corporations**Go to www.irs.gov/Form5471 for instructions and the latest information.Information furnished for the foreign corporation's annual accounting period (tax year required by
section 898) (see instructions) beginning 01/01/2022 , and ending 12/31/2022

OMB No. 1545-0123

Attachment
Sequence No. **121**

Name of person filing this return

Global Benefits Group Inc

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

27422 PORTOLA PARKWAY - SUITE 110

City or town, state, and ZIP code

FOOTHILL RANCH, CA 92610

Filer's tax year beginning 01/01/2022 , and ending 12/31/2022

D Check box if this is a final Form 5471 for the foreign corporation ☐**E** Check if any excepted specified foreign financial assets are reported on this form (see instructions). ☐**F** Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40 ☐**G** If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions)**H** Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director
GLOBAL BENEFITS GROUP, INC	27422 PORTOLA PARKWAY STE 110, FOOTHILL RANCH C	20-3842750	X		

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation				b(1) Employer identification number, if any	
GLOBAL BENEFITS GROUP PROCESSING PHILIPPINES IN					
88 CORPORATE CENTER, SUITE 1804 SEDENO STREET				b(2) Reference ID number (see instructions)	
SALESCO VILLAGE, MAKATI CY RP				881804	
				c Country under whose laws incorporated	
				RP	
d Date of incorporation	e Principal place of business	f Principal business activity code number	g Principal business activity	h Functional currency code	
03/12/2018	RP	524290	ASSISTANCE & OPERATIONS	PHP	

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b If a U.S. income tax return was filed, enter:	
	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)
c Name and address of foreign corporation's statutory or resident agent in country of incorporation	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different	

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	125,000.	125,000.

For Paperwork Reduction Act Notice, see instructions.

Form **5471** (Rev. 12-2022)

Schedule B	Shareholders of Foreign Corporation
Part I	U.S. Shareholders of Foreign Corporation (see instructions)

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
GLOBAL BENEFITS GROUP, INC 27422 PORTOLA PARKWAY STE 110 FOOTHILL RANCH, CA 92610 20-3842750	COMMON STOCK	125,000.	125,000.	100.000000000000

(a) Name, address, and identifying number of shareholder. Also, include country of incorporation or formation, if applicable.	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period
GLOBAL BENEFITS GROUP INC 27422 PORTOLA PARKWAY STE 110 FOOTHILL RANCH, CA 92610 20-3842750 US	COMMON STOCK	125,000.	125,000.

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. generally accepted accounting principles (GAAP). Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for dollar approximate separate transactions method (DASTM) corporations.

			Functional Currency	U.S. Dollars
Income	1a Gross receipts or sales	1a		
	b Returns and allowances	1b		
	c Subtract line 1b from line 1a	1c		
	2 Cost of goods sold	2		
	3 Gross profit (subtract line 2 from line 1c)	3		
	4 Dividends	4		
	5 Interest	5	7,322.	137.
	6a Gross rents	6a		
	b Gross royalties and license fees	6b		
	7 Net gain or (loss) on sale of capital assets	7		
Deductions	8a Foreign currency transaction gain or loss - unrealized	8a		
	b Foreign currency transaction gain or loss - realized	8b	-498,655.	-9,339.
	9 Other income (attach statement) See Statement 42	9	28,411,747.	532,084.
	10 Total income (add lines 3 through 9)	10	27,920,414.	522,882.
	11 Compensation not deducted elsewhere	11	16,467,701.	308,401.
	12a Rents	12a	2,086,114.	39,068.
	b Royalties and license fees	12b		
	13 Interest	13		
	14 Depreciation not deducted elsewhere	14	802,591.	15,031.
	15 Depletion	15		
Net Income	16 Taxes (exclude income tax expense (benefit))	16		
	17 Other deductions (attach statement - exclude income tax expense (benefit)) See Statement 42	17	3,249,626.	60,857.
	18 Total deductions (add lines 11 through 17)	18	22,606,032.	423,357.
	19 Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10) . .	19	5,314,382.	99,526.
	20 Unusual or infrequently occurring items	20		
Other Comprehensive Income	21a Income tax expense (benefit) - current . . See Statement 42	21a	220,586.	4,131.
	b Income tax expense (benefit) - deferred	21b		
	22 Current year net income or (loss) per books (combine lines 19 through 21b) .	22	5,093,796.	95,395.
Other Comprehensive Income	23a Foreign currency translation adjustments	23a		
	b Other	23b		
	c Income tax expense (benefit) related to other comprehensive income	23c		
	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c)	24		

Form **5471** (Rev. 12-2022)

Schedule F Balance Sheet**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash	1	361,261.	387,764.
2a Trade notes and accounts receivable	2a	-154,711.	NONE
b Less allowance for bad debts	2b	() ()	
3 Derivatives	3		
4 Inventories	4		
5 Other current assets (attach statement). See Statement 43.	5	58,061.	65,092.
6 Loans to shareholders and other related persons	6		
7 Investment in subsidiaries (attach statement).	7		
8 Other investments (attach statement)	8		
9a Buildings and other depreciable assets	9a	172,170.	71,244.
b Less accumulated depreciation.	9b	(31,409.) (-23,479.)	
10a Depletable assets	10a		
b Less accumulated depletion	10b	() ()	
11 Land (net of any amortization)	11		
12 Intangible assets:			
a Goodwill	12a		
b Organization costs.	12b		
c Patents, trademarks, and other intangible assets	12c		
d Less accumulated amortization for lines 12a, 12b, and 12c	12d	() ()	
13 Other assets (attach statement) See Statement 43.	13	-23,461.	NONE
14 Total assets	14	381,911.	547,579.
Liabilities and Shareholders' Equity			
15 Accounts payable	15		
16 Other current liabilities (attach statement)	16		
17 Derivatives	17		
18 Loans from shareholders and other related persons	18		
19 Other liabilities (attach statement) See Statement 43.	19	-130,938.	-60,664.
20 Capital stock:			
a Preferred stock	20a		
b Common stock	20b	2,925.	2,925.
21 Paid-in or capital surplus (attach reconciliation). See Statement 43.	21	200,000.	200,000.
22 Retained earnings.	22	309,924.	405,318.
23 Less cost of treasury stock.	23	() ()	
24 Total liabilities and shareholders' equity	24	381,911.	547,579.

Schedule G Other Information

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? If "Yes," see the instructions for required statement.		X
2 During the tax year, did the foreign corporation own an interest in any trust?		X
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branches (see instructions)? If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		X
4a During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)? If "Yes," complete lines 4b and 4c.		X
b Enter the total amount of the base erosion payments. \$ _____		
c Enter the total amount of the base erosion tax benefit \$ _____		
5a During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? If "Yes," complete line 5b.		X
b Enter the total amount of the disallowed deductions (see instructions) \$ _____		

Schedule G Other Information (continued)

	Yes	No
6a Is the filer claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transactions with the foreign corporation? If "Yes," complete lines 6b, 6c, and 6d. See instructions.		X
b Enter the amount of gross receipts derived from all sales of general property to the foreign corporation that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) \$ _____		
c Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included in its computation of FDDEI (see instructions) \$ _____		
d Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in its computation of FDDEI (see instructions) \$ _____		
7 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in which the foreign corporation was a participant during the tax year.		X
8 From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.358-6(b)(2))?		X
9a Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the taxable year? If "Yes," go to line 9b.		X
b Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the tax year \$ _____		
10 During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)? If "Yes," see instructions and attach statement.		X
11 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		X
12 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
13 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X
14 Did you answer "Yes" to any of the questions in the instructions for line 14? If "Yes," enter the corresponding code(s) from the instructions and attach statement _____		X
15 Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)? If "Yes," enter the amount \$ _____		X
16 Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to the current tax year (see instructions)? If "Yes," enter the amount \$ _____		X
17a Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year (see instructions)?		X
b If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)?		
18 Does the reporting corporation have any loan to or from the related party to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of interest within the safe-haven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the relevant term)?		X
19a Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section 1.385-3) during the period including the tax year and the preceding 3 tax years, or, during the period beginning 36 months before the date of the respective distribution or acquisition and ending 36 months afterward, did the reporting corporation issue or refinance indebtedness owed to a related party?		X
b If the answer to question 19a is "Yes," provide the following. (1) The amount of such distribution(s) and acquisition(s) \$ _____ (2) The amount of such related party indebtedness \$ _____		

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder Global Benefits Group Inc

Identifying number 20-3842750

1a	Section 964(e)(4) subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions)	1a	
b	Section 245A(e)(2) subpart F income from hybrid dividends of tiered corporations (see instructions) . . .	1b	
c	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6)	1c	
d	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6)	1d	
e	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A) . .	1e	137.
f	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	1f	
g	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) . .	1g	
h	Other subpart F income (enter result from Worksheet A)	1h	
2	Earnings invested in U.S. property (enter the result from Worksheet B)	2	
3	Reserved for future use	3	
4	Factoring income See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.	4	
5a	Section 245A eligible dividends (see instructions)	5a	
b	Extraordinary disposition amounts (see instructions)	5b	
c	Extraordinary reduction amounts (see instructions)	5c	
d	Section 245A(e) dividends (see instructions)	5d	
e	Dividends not reported on line 5a, 5b, 5c, or 5d	5e	
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits	6	

7a	Was any income of the foreign corporation blocked?	Yes	No
b	Did any such income become unblocked during the tax year (see section 964(b))?		
If the answer to either question is "Yes," attach an explanation.			
8a	Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)?		
b	If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
c	Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
9	Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions) \$ _____		

**SCHEDULE E
(Form 5471)**

(Rev. December 2021)

Department of the Treasury
Internal Revenue Service**Income, War Profits, and Excess Profits Taxes Paid or Accrued**

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Global Benefits Group Inc

Name of foreign corporation

GLOBAL BENEFITS GROUP PROCESSING PHILIPPINES

Identifying number

20-3842750

Reference ID number (see instructions)

881804

- a** Separate Category (Enter code - see instructions). ▶ GEN
- b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions). ▶
- c** If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ▶

Part I Taxes for Which a Foreign Tax Credit Is Allowed**Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation**

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Unsuspended Taxes	(d) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(e) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(f) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)
1	GBG Processing & Consulting (Philippines)	881804		RP	2022/01/01	2022/12/31
2						
3						
4						

	(g) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(h) If taxes are paid on U.S. source income, check box	(i) Local Currency in Which Tax Is Payable (enter code - see instructions)	(j) Tax Paid or Accrued (in local currency in which the tax is payable)	(k) Conversion Rate to U.S. Dollars	(l) In U.S. Dollars (divide column (j) by column (k))	(m) In Functional Currency of Foreign Corporation
1	511,029.		PHP	220,586.	53.3970700	4,131.	511,029.
2							
3							
4							
5	Total (combine lines 1 through 4 of column (l)). Also report amount on Schedule E-1, line 4 ▶					4,131.	
6	Total (combine lines 1 through 4 of column (m)) ▶						511,029.

Section 2 - Taxes Deemed Paid by Foreign Corporation

	(a) Name of Lower-Tier Distributing Foreign Corporation	(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter year)
1					
2					
3					
4					

	(f) PTEP Distributed (enter amount in functional currency)	(g) Total Amount of PTEP in the PTEP Group (in functional currency)	(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)	(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/column (g)) x column (h)) (USD)
1				
2				
3				
4				
5	Total (combine lines 1 through 4 of column (i)). Also report amount on Schedule E-1, line 6 ▶			

For Paperwork Reduction Act Notice, see instructions.

Schedule E (Form 5471) (Rev. 12-2021)

JSA

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Name of foreign corporation GLOBAL BENEFITS GROUP PROCESSING PHILIPPINES	EIN (if any)	Reference ID number (see instructions) 881804
a Separate Category (Enter code-see instructions.)		▶ GEN
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)		▶
c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)		▶

Part II Election

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

☐ Yes ☒ No If "Yes," state date of election ▶
Part III Taxes for Which a Foreign Tax Credit Is Disallowed (Enter in functional currency of foreign corporation.)

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	(f) U.S. Taxes	(g) Suspended Taxes	(h) Other	(i) Total
1									
2									
3	In functional currency (combine lines 1 and 2)								▶
4	In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions)).								▶

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation**IMPORTANT:** Enter amounts in U.S. dollars.

		Taxes related to:			
		(a) Subpart F Income	(b) Tested Income	(c) Residual Income	(d) Suspended Taxes
1a	Balance at beginning of year (as reported in prior year Schedule E-1)	-0-	-0-	-0-	
b	Beginning balance adjustments (attach statement)				
c	Adjusted beginning balance (combine lines 1a and 1b)				
2	Adjustment for foreign tax redetermination.				
3a	Taxes unsuspended under anti-splitter rules				
b	Taxes suspended under anti-splitter rules.				
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (l)		4,131.		
5	Taxes carried over in nonrecognition transactions				
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (i).				
7	Other adjustments (attach statement).				
8	Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines 1c through 7)		4,131.		
9	Taxes deemed paid with respect to inclusions (see instructions)				
10	Taxes deemed paid with respect to actual distributions				
11	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P				
12	Other (attach statement).				
13	Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))		4,131.		
14	Reserved for future use				
15	Reduction for other taxes not deemed paid.				
16	Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b), and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12	-0-	-0-	-0-	

Schedule E (Form 5471) (Rev. 12-2021)

Page **3**

Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
GLOBAL BENEFITS GROUP PROCESSING PHILIPPINES		881804

- a** Separate Category (Enter code - see instructions.) **GEN**
- b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)
- c** If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation (continued)

(e) Taxes related to previously taxed E&P (see instructions)

	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
c										
2										
3a										
b										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

Schedule E (Form 5471) (Rev. 12-2021)

Current Earnings and Profits

SCHEDULE H
(Form 5471)(Rev. December 2021)
Department of the Treasury
Internal Revenue Service

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

Global Benefits Group Inc

Identifying number

20-3842750

Name of foreign corporation

GLOBAL BENEFITS GROUP PROCESSING PHILIPPINES

EIN (if any)

Reference ID number (see instructions)

881804

IMPORTANT: Enter the amounts on lines 1 through 5c in **functional** currency.

1	Current year net income or (loss) per foreign books of account.			1	5,093,799.
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):	Net Additions	Net Subtractions		
a	Capital gains or losses.	2a			
b	Depreciation and amortization.	2b			
c	Depletion.	2c			
d	Investment or incentive allowance.	2d			
e	Charges to statutory reserves.	2e			
f	Inventory adjustments.	2f			
g	Income taxes (see Schedule E, Part I, Section 1, line 6, column (m), and Part III, line 3, column (i)).	2g	220,586.		
h	Foreign currency gains or losses.	2h			
i	Other (attach statement).	2i			
3	Total net additions.	3	220,586.		
4	Total net subtractions.	4			
5a	Current earnings and profits (line 1 plus line 3 minus line 4).	5a			5,314,385.
b	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions).	5b			
c	Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(D) the portion of the line 5c amount with respect to the categories of income shown on those lines.	5c			5,314,385.
(i)	General category (enter amount on applicable Schedule J, Part I, line 3, column (a)).	5c(i)			
(ii)	Passive category (enter amount on applicable Schedule J, Part I, line 3, column (a)).	5c(ii)			
(iii)	Section 901(j) category:				
(A)	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(A)			
(B)	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(B)			
(C)	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(C)			
(D)	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(D) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(D)			
d	Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions)).	5d			95,377.
e	Enter exchange rate used for line 5d.		55.7196750		

For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (Rev. 12-2021)

**SCHEDULE I-1
(Form 5471)**

(Rev. December 2021)

Department of the Treasury
Internal Revenue Service**Information for Global Intangible Low-Taxed Income**

► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Global Benefits Group Inc

Identifying number

20-3842750

Name of foreign corporation

GLOBAL BENEFITS GROUP PROCESSING PHILIPPINES

EIN (if any)

Reference ID number (see instructions)

881804

Separate Category (Enter code - see instructions.)

► GEN

		Functional Currency	Conversion Rate	U.S. Dollars
1 Gross income (see instructions if cost of goods sold exceed gross receipts)	1	27,920,415.		
2 Exclusions (see instructions if cost of goods sold exceed gross receipts)				
a Effectively connected income	2a			
b Subpart F income	2b			
c High-tax exception income per section 954(b)(4)	2c			
d Related party dividends	2d			
e Foreign oil and gas extraction income	2e			
3 Total exclusions (combine lines 2a through 2e)	3			
4 Gross income less total exclusions (line 1 minus line 3) (see instructions)	4	27,920,415.		
5 Deductions properly allocable to amount on line 4	5	22,361,524.		
6 Tested income (loss) (line 4 minus line 5) (see instructions)	6	5,558,891.	53.3970700	104,105.
7 Tested foreign income taxes	7		53.3970700	
8 Qualified business asset investment (QBAI)	8		53.3970700	
9a Interest expense included on line 5	9a			
b Qualified interest expense	9b			
c Tested loss QBAI amount	9c			
d Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0-	9d		53.3970700	
10a Interest income included in line 4	10a	7,322.		
b Qualified interest income	10b			
c Tested interest income (line 10a minus line 10b). If zero or less, enter -0-	10c	7,322.	53.3970700	137.

For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2021)

**SCHEDULE J
(Form 5471)**(Rev. December 2020)
Department of the Treasury
Internal Revenue Service**Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation**► **Attach to Form 5471.**

OMB No. 1545-0123

► **Go to www.irs.gov/Form5471 for instructions and the latest information.**

Name of person filing Form 5471

Global Benefits Group Inc

Identifying number

20-3842750

Name of foreign corporation

GLOBAL BENEFITS GROUP PROCESSING PHILIPPINES

EIN (if any)

Reference ID number (see instructions)

881804

a Separate Category (Enter code - see instructions.)

GEN

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)**Part I Accumulated E&P of Controlled Foreign Corporation**☐ Check the box if person filing return does not have all U.S. shareholders' information to complete an amount in column (e) (see instructions).**Important:** Enter amounts in functional currency.

		(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	
						(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP
1a	Balance at beginning of year (as reported on prior year Schedule J)	-2,882,235.					
b	Beginning balance adjustments (attach statement)						
c	Adjusted beginning balance (combine lines 1a and 1b)	-2,882,235.					
2a	Reduction for taxes unsuspended under anti-splitter rules						
b	Disallowed deduction for taxes suspended under anti-splitter rules						
3	Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H)	5,314,385.					
4	E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation						
5a	E&P carried over in nonrecognition transaction						
b	Reclassify deficit in E&P as hovering deficit after nonrecognition transaction						
6	Other adjustments (attach statement)						
7	Total current and accumulated E&P (combine lines 1c through 6)	2,432,150.					
8	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P						
9	Actual distributions						
10	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P						
11	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
12	Other adjustments (attach statement)						
13	Hovering deficit offset of undistributed post-transaction E&P (see instructions)						
14	Balance at beginning of next year (combine lines 7 through 13)	2,432,150.					

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.**Schedule J (Form 5471) (Rev. 12-2020)**

JSA

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Part I Accumulated E&P of Controlled Foreign Corporation (continued)

(e) Previously Taxed E&P (see instructions)					
	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP
1 a					
b					
c					
2 a					
b					
3					
4					
5 a					
b					
6					
7					
8					
9					
10					
11					
12					
13					
14					

(e) Previously Taxed E&P (see instructions)				(f)
	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))
1 a				-2,882,235.
b				
c				-2,882,235.
2 a				
b				
3				5,314,385.
4				
5 a				
b				
6				
7				2,432,150.
8				
9				
10				
11				
12				
13				
14				2,432,150.

Part II **Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))**

Important: Enter amounts in functional currency.

1	Balance at beginning of year	▶	1	
2	Additions (amounts subject to future recapture).	▶	2	
3	Subtractions (amounts recaptured in current year)	▶	3	
4	Balance at end of year (combine lines 1 through 3)	▶	4	

Schedule J (Form 5471) (Rev. 12-2020)

SCHEDULE M
(Form 5471)(Rev. December 2021)
Department of the Treasury
Internal Revenue Service**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

OMB No. 1545-0123

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

Identifying number

Global Benefits Group Inc

20-3842750

Name of foreign corporation

EIN (if any)

Reference ID number (see instructions)

GLOBAL BENEFITS GROUP PROCESSING PHILIPPINES

881804

Important: Complete a **separate** Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

PHILIPPINES, PESO

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.).					
4 Platform contribution transaction payments received					
5 Cost sharing transaction payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services . .					
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Hybrid dividends received (see instructions)					
10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income)					
11 Interest received.					
12 Premiums received for insurance or reinsurance.					
13 Loan guarantee fees received .					
14 Other amounts received (attach statement)					
15 Add lines 1 through 14					
16 Purchases of stock in trade (inventory)					
17 Purchases of tangible property other than stock in trade. . . .					
18 Purchases of property rights (patents, trademarks, etc.) . . .					
19 Platform contribution transaction payments paid					
20 Cost sharing transaction payments paid .					
21 Compensation paid for technical, managerial, engineering, construction, or like services . .					
22 Commissions paid					
23 Rents, royalties, and license fees paid					
24 Hybrid dividends paid (see instructions)					
25 Dividends paid (exclude hybrid dividends paid)					
26 Interest paid					
27 Premiums paid for insurance or reinsurance					
28 Loan guarantee fees paid . . .					
29 Other amounts paid (attach statement). .					
30 Add lines 16 through 29. . . .					

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule M (Form 5471) (Rev. 12-2021)

Schedule M (Form 5471) (Rev. 12-2021)

Page 2

Name of person filing Form 5471

Identifying number

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
31 Accounts Payable	95,037.				
32 Amounts borrowed (enter the maximum loan balance during the year) - see instructions					
33 Accounts Receivable					
34 Amounts loaned (enter the maximum loan balance during the year) - see instructions					

Schedule M (Form 5471) (Rev. 12-2021)

**SCHEDULE P
(Form 5471)**

(Rev. December 2020)

Department of the Treasury
Internal Revenue Service**Previously Taxed Earnings and Profits of U.S. Shareholder
of Certain Foreign Corporations**

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Global Benefits Group Inc

Identifying number

20-3842750

Name of U.S. shareholder

Global Benefits Group Inc

Identifying number

20-3842750

Name of foreign corporation

GLOBAL BENEFITS GROUP PROCESSING PHILIPPINES

EIN (if any)

Reference ID number (see instructions)

881804

a Separate Category (Enter code - see instructions.)

▶ GEN

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)**Part I Previously Taxed E&P in Functional Currency** (see instructions)

		(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1a	Balance at beginning of year (see instructions)			
b	Beginning balance adjustments (attach statement)			
c	Adjusted beginning balance (combine lines 1a and 1b)			
2	Reduction for taxes unsuspended under anti-splitter rules			
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4	Previously taxed E&P carried over in nonrecognition transaction			
5	Other adjustments (attach statement)			
6	Total previously taxed E&P (combine lines 1c through 5)			
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8	Actual distributions of previously taxed E&P			
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11	Other adjustments (attach statement)			
12	Balance at beginning of next year (combine lines 6 through 11)			

For Paperwork Reduction Act Notice, see instructions.

Schedule P (Form 5471) (Rev. 12-2020)

Part I **Previously Taxed E&P in Functional Currency** (see instructions) *(continued)*

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Part II Previously Taxed E&P in U.S. Dollars

		(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1 a	Balance at beginning of year (see instructions)			
b	Beginning balance adjustments (attach statement)			
c	Adjusted beginning balance (combine lines 1a and 1b)			
2	Reduction for taxes unsuspended under anti-splitter rules			
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4	Previously taxed E&P carried over in nonrecognition transaction			
5	Other adjustments (attach statement)			
6	Total previously taxed E&P (combine lines 1c through 5)			
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8	Actual distributions of previously taxed E&P			
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11	Other adjustments (attach statement)			
12	Balance at beginning of next year (combine lines 6 through 11)			

Schedule P (Form 5471) (Rev. 12-2020)

Part II Previously Taxed E&P in U.S. Dollars *(continued)*

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Schedule P (Form 5471) (Rev. 12-2020)

SCHEDULE Q
(Form 5471)(Rev. December 2022)
Department of the Treasury
Internal Revenue Service**CFC Income by CFC Income Groups**

Attach to Form 5471.

Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Global Benefits Group Inc

Identifying number

20-3842750

Name of foreign corporation

GLOBAL BENEFITS GROUP PROCESSING PHILIPPINES

EIN (if any)

Reference ID number (see instructions)

881804

Complete a separate Schedule Q with respect to each applicable category of income (see instructions).

A Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes) GEN**B** If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions)**C** If code "901j" is entered on line A, enter the country code for the sanctioned country (see instructions)

Complete a separate Schedule Q for U.S. source income and foreign source income (see instructions for an exception).

D Indicate whether this Schedule Q is being completed for: ☐ U.S. source income or ☒ Foreign source income

Complete a separate Schedule Q for FOGEI or FORI income.

E If this Schedule Q is being completed for FOGEI or FORI income, check this box ☐Enter amounts in functional currency
of the foreign corporation (unless
otherwise noted).

	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
1 Subpart F Income Groups							
a Dividends, Interest, Rents, Royalties, & Annuities (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
b Net Gain From Certain Property Transactions (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
c Net Gain From Commodities Transactions (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
d Net Foreign Currency Gain (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
e Income Equivalent to Interest (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
f Other							
(1) Unit name: _____							
(2) Unit name: _____							
g Foreign Base Company Sales Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							

Important: See **Computer-Generated Schedule Q** in instructions.

For Paperwork Reduction Act Notice, see instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

JSA

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Schedule Q (Form 5471) (Rev. 12-2022)

Page **2**

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
a									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
b									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
c									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
d									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
e									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
f									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
g									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		

Important: See **Computer-Generated Schedule Q** in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

Schedule Q (Form 5471) (Rev. 12-2022)

Page **3**

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).

	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
1 Subpart F Income Groups							
h Foreign Base Company Services Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
i Full Inclusion Foreign Base Company Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
j Insurance Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
k International Boycott Income							
l Bribes, Kickbacks, and Other Payments							
m Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)		27,920,415.					22,361,524.
(1) Unit name: Tested Income	RP	27,920,415.					22,361,524.
(2) Unit name: _____							
4 Residual Income Group (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
5 Total		27,920,415.					22,361,524.

Important: See **Computer-Generated Schedule Q** in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

Schedule Q (Form 5471) (Rev. 12-2022)

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	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
h									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
i									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
j									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
k									
l									
m									
2									
3				5,558,891.					5,558,891.
(1)				5,558,891.			<input type="checkbox"/>		5,558,891.
(2)							<input type="checkbox"/>		
4									
(1)									
(2)									
5				5,558,891.					5,558,891.

Important: See **Computer-Generated Schedule Q** in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

**SCHEDULE R
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

Distributions From a Foreign Corporation

► Attach to Form 5471.

OMB No. 1545-0123

► Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471		Identifying number
Global Benefits Group Inc		20-3842750
Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
GLOBAL BENEFITS GROUP PROCESSING PHILIPPINES		881804

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	No Distributions	12/31/2022	NONE	NONE
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

Form **5471**

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service**Information Return of U.S. Persons With Respect
to Certain Foreign Corporations**Go to www.irs.gov/Form5471 for instructions and the latest information.Information furnished for the foreign corporation's annual accounting period (tax year required by
section 898) (see instructions) beginning 01/01/2022 , and ending 12/31/2022

OMB No. 1545-0123

Attachment
Sequence No. **121**

Name of person filing this return

Global Benefits Group Inc

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

27051 Towne Centre Drive, #210

City or town, state, and ZIP code

FOOTHILL RANCH, CA 92610

Filer's tax year beginning 01/01/2022 , and ending 12/31/2022

D Check box if this is a final Form 5471 for the foreign corporation ☐**E** Check if any excepted specified foreign financial assets are reported on this form (see instructions). ☐**F** Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40 ☐**G** If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions)**H** Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director
GLOBAL BENEFITS GROUP INC	27422 PORTOLA PARKWAY, FOOTHILL RANCH CA 92610	20-3842750	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation GLOBAL BENEFITS GROUP (UK) LIMITED Suite 102 7th Floor, 8 Devonshire Square London, EC2M 4PL UK				b(1) Employer identification number, if any	
				b(2) Reference ID number (see instructions) 00001	
				c Country under whose laws incorporated UK	
d Date of incorporation 02/04/2016	e Principal place of business UK	f Principal business activity code number 542140	g Principal business activity BROKERING & MANAGEMENT	h Functional currency code GBP	

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b If a U.S. income tax return was filed, enter:	
	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)
c Name and address of foreign corporation's statutory or resident agent in country of incorporation	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different	

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	100.	100.

For Paperwork Reduction Act Notice, see instructions.

Form **5471** (Rev. 12-2022)

Schedule B	Shareholders of Foreign Corporation
Part I	U.S. Shareholders of Foreign Corporation (see instructions)

Part I U.S. Shareholders of Foreign Corporation (see instructions)

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
GLOBAL BENEFITS GROUP, INC 27422 PORTOLA PARKWAY STE 110 FOOTHILL RANCH, CA 92610 20-3842750	COMMON STOCK	100.	100.	100.0000000000

Part II	Direct Shareholders of Foreign Corporation (see instructions)
---------	--

(a) Name, address, and identifying number of shareholder. Also, include country of incorporation or formation, if applicable.	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period
GLOBAL BENEFITS GROUP INC 27422 PORTOLA PARKWAY STE 110 FOOTHILL RANCH, CA 92610 20-3842750 US	COMMON STOCK	100.	100.

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. generally accepted accounting principles (GAAP). Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for dollar approximate separate transactions method (DASTM) corporations.

			Functional Currency	U.S. Dollars
Income	1a Gross receipts or sales	1a		
	b Returns and allowances	1b		
	c Subtract line 1b from line 1a	1c		
	2 Cost of goods sold	2		
	3 Gross profit (subtract line 2 from line 1c)	3		
	4 Dividends	4		
	5 Interest	5		
	6a Gross rents	6a		
	b Gross royalties and license fees	6b		
	7 Net gain or (loss) on sale of capital assets	7		
Deductions	8a Foreign currency transaction gain or loss - unrealized	8a		
	b Foreign currency transaction gain or loss - realized	8b	-15,113.	-19,269.
	9 Other income (attach statement) See Statement 44	9	3,416,106.	4,355,500.
	10 Total income (add lines 3 through 9)	10	3,400,993.	4,336,231.
	11 Compensation not deducted elsewhere	11	2,440,180.	3,111,205.
	12a Rents	12a	276,348.	352,341.
	b Royalties and license fees	12b		
	13 Interest	13		
	14 Depreciation not deducted elsewhere	14	62,592.	79,804.
	15 Depletion	15		
Net Income	16 Taxes (exclude income tax expense (benefit)) Stmt. 44	16	328,656.	419,033.
	17 Other deductions (attach statement - exclude income tax expense (benefit)) See Statement 44	17	650,224.	829,030.
	18 Total deductions (add lines 11 through 17)	18	3,758,000.	4,791,413.
	19 Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10) . .	19	-357,007.	-455,180.
	20 Unusual or infrequently occurring items	20		
Other Comprehensive Income	21a Income tax expense (benefit) - current	21a		
	b Income tax expense (benefit) - deferred	21b		
	22 Current year net income or (loss) per books (combine lines 19 through 21b) .	22	-357,007.	-455,180.
Other Comprehensive Income	23a Foreign currency translation adjustments	23a		
	b Other	23b		
	c Income tax expense (benefit) related to other comprehensive income	23c		
	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c)	24		

Schedule F Balance Sheet**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash	1	32,540.	4,736.
2a Trade notes and accounts receivable	2a	155,530.	8,841.
b Less allowance for bad debts	2b	()	()
3 Derivatives	3		
4 Inventories	4		
5 Other current assets (attach statement). See Statement 46.	5	98,383.	-93,311.
6 Loans to shareholders and other related persons	6		
7 Investment in subsidiaries (attach statement).	7		
8 Other investments (attach statement)	8		
9a Buildings and other depreciable assets	9a	641,811.	1,415,429.
b Less accumulated depreciation.	9b	(10,534.)	(90,337.)
10a Depletable assets	10a		
b Less accumulated depletion	10b	()	()
11 Land (net of any amortization)	11		
12 Intangible assets:			
a Goodwill	12a		
b Organization costs.	12b		
c Patents, trademarks, and other intangible assets	12c		
d Less accumulated amortization for lines 12a, 12b, and 12c	12d	()	()
13 Other assets (attach statement) See Statement 46.	13	188,867.	NONE
14 Total assets	14	1,106,597.	1,245,358.
Liabilities and Shareholders' Equity			
15 Accounts payable	15		
16 Other current liabilities (attach statement) See Statement 46.	16	548,255.	1,142,196.
17 Derivatives	17		
18 Loans from shareholders and other related persons	18		
19 Other liabilities (attach statement)	19		
20 Capital stock:			
a Preferred stock	20a		
b Common stock	20b	924,454.	924,454.
21 Paid-in or capital surplus (attach reconciliation)	21		
22 Retained earnings	22	-366,112.	-821,292.
23 Less cost of treasury stock	23	()	()
24 Total liabilities and shareholders' equity	24	1,106,597.	1,245,358.

Schedule G Other Information

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? If "Yes," see the instructions for required statement.		X
2 During the tax year, did the foreign corporation own an interest in any trust?		X
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branches (see instructions)? If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		X
4a During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)? If "Yes," complete lines 4b and 4c.		X
b Enter the total amount of the base erosion payments. \$ _____		
c Enter the total amount of the base erosion tax benefit \$ _____		
5a During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? If "Yes," complete line 5b.		X
b Enter the total amount of the disallowed deductions (see instructions) \$ _____		

Schedule G Other Information (continued)

	Yes	No
6a Is the filer claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transactions with the foreign corporation? If "Yes," complete lines 6b, 6c, and 6d. See instructions.		X
b Enter the amount of gross receipts derived from all sales of general property to the foreign corporation that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) \$ _____		
c Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included in its computation of FDDEI (see instructions) \$ _____		
d Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in its computation of FDDEI (see instructions) \$ _____		
7 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in which the foreign corporation was a participant during the tax year.		X
8 From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.358-6(b)(2))?		X
9a Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the taxable year? If "Yes," go to line 9b.		X
b Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the tax year \$ _____		
10 During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)? If "Yes," see instructions and attach statement.		X
11 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		X
12 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
13 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X
14 Did you answer "Yes" to any of the questions in the instructions for line 14? If "Yes," enter the corresponding code(s) from the instructions and attach statement _____		X
15 Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)? If "Yes," enter the amount \$ _____		X
16 Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to the current tax year (see instructions)? If "Yes," enter the amount \$ _____		X
17a Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year (see instructions)?		X
b If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)?		
18 Does the reporting corporation have any loan to or from the related party to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of interest within the safe-haven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the relevant term)?		X
19a Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section 1.385-3) during the period including the tax year and the preceding 3 tax years, or, during the period beginning 36 months before the date of the respective distribution or acquisition and ending 36 months afterward, did the reporting corporation issue or refinance indebtedness owed to a related party?		X
b If the answer to question 19a is "Yes," provide the following. (1) The amount of such distribution(s) and acquisition(s) \$ _____ (2) The amount of such related party indebtedness \$ _____		

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder Global Benefits Group Inc

Identifying number 20-3842750

1a	Section 964(e)(4) subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions)	1a	
b	Section 245A(e)(2) subpart F income from hybrid dividends of tiered corporations (see instructions) . . .	1b	
c	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6)	1c	
d	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6)	1d	
e	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A) . .	1e	
f	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	1f	
g	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) . . .	1g	
h	Other subpart F income (enter result from Worksheet A)	1h	
2	Earnings invested in U.S. property (enter the result from Worksheet B)	2	
3	Reserved for future use	3	
4	Factoring income See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.	4	
5a	Section 245A eligible dividends (see instructions)	5a	
b	Extraordinary disposition amounts (see instructions)	5b	
c	Extraordinary reduction amounts (see instructions)	5c	
d	Section 245A(e) dividends (see instructions)	5d	
e	Dividends not reported on line 5a, 5b, 5c, or 5d	5e	
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits	6	

	Yes	No
7a Was any income of the foreign corporation blocked?		
b Did any such income become unblocked during the tax year (see section 964(b))?		
If the answer to either question is "Yes," attach an explanation.		
8a Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)?		
b If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
c Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
9 Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions) \$ _____		

Form **5471** (Rev. 12-2022)

**SCHEDULE E
(Form 5471)**

(Rev. December 2021)

Department of the Treasury
Internal Revenue Service**Income, War Profits, and Excess Profits Taxes Paid or Accrued**

Document Page 554 of 705

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Global Benefits Group Inc

Name of foreign corporation

GLOBAL BENEFITS GROUP (UK) LIMITED

Identifying number

20-3842750

Reference ID number (see instructions)

00001

- a** Separate Category (Enter code - see instructions.) ▶ GEN
- b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions). ▶
- c** If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ▶

Part I Taxes for Which a Foreign Tax Credit Is Allowed**Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation**

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Unsuspended Taxes	(d) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(e) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(f) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)
1	GBG UK LIMITED	00001		UK	2022/01/01	2022/12/31
2						
3						
4						

	(g) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(h) If taxes are paid on U.S. source income, check box	(i) Local Currency in Which Tax Is Payable (enter code - see instructions)	(j) Tax Paid or Accrued (in local currency in which the tax is payable)	(k) Conversion Rate to U.S. Dollars	(l) In U.S. Dollars (divide column (j) by column (k))	(m) In Functional Currency of Foreign Corporation
1	NONE		GBP	NONE	0.7843200	NONE	NONE
2							
3							
4							
5	Total (combine lines 1 through 4 of column (l)). Also report amount on Schedule E-1, line 4 ▶					NONE	
6	Total (combine lines 1 through 4 of column (m)) ▶						NONE

Section 2 - Taxes Deemed Paid by Foreign Corporation

	(a) Name of Lower-Tier Distributing Foreign Corporation	(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter year)
1					
2					
3					
4					

	(f) PTEP Distributed (enter amount in functional currency)	(g) Total Amount of PTEP in the PTEP Group (in functional currency)	(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)	(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/column (g)) x column (h)) (USD)
1				
2				
3				
4				
5	Total (combine lines 1 through 4 of column (i)). Also report amount on Schedule E-1, line 6 ▶			

For Paperwork Reduction Act Notice, see instructions.

Schedule E (Form 5471) (Rev. 12-2021)

JSA

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Name of foreign corporation GLOBAL BENEFITS GROUP (UK) LIMITED	EIN (if any)	Reference ID number (see instructions) 00001
a Separate Category (Enter code-see instructions.)		▶ GEN
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)		▶
c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)		▶

Part II Election

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

☐ Yes ☒ No If "Yes," state date of election ▶
Part III Taxes for Which a Foreign Tax Credit Is Disallowed (Enter in functional currency of foreign corporation.)

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	(f) U.S. Taxes	(g) Suspended Taxes	(h) Other	(i) Total
1									
2									
3	In functional currency (combine lines 1 and 2)								▶
4	In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions))								▶

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation**IMPORTANT:** Enter amounts in U.S. dollars.

		Taxes related to:			
		(a) Subpart F Income	(b) Tested Income	(c) Residual Income	(d) Suspended Taxes
1a	Balance at beginning of year (as reported in prior year Schedule E-1)	-0-	-0-	-0-	
b	Beginning balance adjustments (attach statement)				
c	Adjusted beginning balance (combine lines 1a and 1b)				
2	Adjustment for foreign tax redetermination.				
3a	Taxes unsuspended under anti-splitter rules				
b	Taxes suspended under anti-splitter rules.				
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (l)				
5	Taxes carried over in nonrecognition transactions				
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (i).				
7	Other adjustments (attach statement).				
8	Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines 1c through 7)				
9	Taxes deemed paid with respect to inclusions (see instructions)				
10	Taxes deemed paid with respect to actual distributions				
11	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P				
12	Other (attach statement).				
13	Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))				
14	Reserved for future use				
15	Reduction for other taxes not deemed paid.				
16	Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b), and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12	-0-	-0-	-0-	

Schedule E (Form 5471) (Rev. 12-2021)

Page 3

Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
GLOBAL BENEFITS GROUP (UK) LIMITED		00001

- a Separate Category (Enter code - see instructions.) ▶ GEN
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ▶

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation (continued)

(e) Taxes related to previously taxed E&P (see instructions)

	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
c										
2										
3a										
b										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

Schedule E (Form 5471) (Rev. 12-2021)

Document Page 557 of 705
Current Earnings and Profits**SCHEDULE H**
(Form 5471)(Rev. December 2021)
Department of the Treasury
Internal Revenue Service

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

Global Benefits Group Inc

Identifying number

20-3842750

Name of foreign corporation

GLOBAL BENEFITS GROUP (UK) LIMITED

EIN (if any)

Reference ID number (see instructions)

00001

IMPORTANT: Enter the amounts on lines 1 through 5c in **functional** currency.

1	Current year net income or (loss) per foreign books of account.		1	-357,007.
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):	Net Additions	Net Subtractions	
a	Capital gains or losses.	2a		
b	Depreciation and amortization.	2b	17,656.	
c	Depletion.	2c		
d	Investment or incentive allowance.	2d		
e	Charges to statutory reserves.	2e		
f	Inventory adjustments.	2f		
g	Income taxes (see Schedule E, Part I, Section 1, line 6, column (m), and Part III, line 3, column (i)).	2g		
h	Foreign currency gains or losses.	2h		
i	Other (attach statement).	2i		
3	Total net additions.	3	17,656.	
4	Total net subtractions.	4		
5a	Current earnings and profits (line 1 plus line 3 minus line 4).	5a		-339,351.
b	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions).	5b		
c	Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(D) the portion of the line 5c amount with respect to the categories of income shown on those lines.	5c		-339,351.
	(i) General category (enter amount on applicable Schedule J, Part I, line 3, column (a)).	5c(i)		
	(ii) Passive category (enter amount on applicable Schedule J, Part I, line 3, column (a)).	5c(ii)		
	(iii) Section 901(j) category:			
	(A) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(A)		
	(B) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(B)		
	(C) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(C)		
	(D) Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(D) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(D)		
d	Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions)).	5d		-409,962.
e	Enter exchange rate used for line 5d. ▶		0.8277630	

For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (Rev. 12-2021)

**SCHEDULE I-1
(Form 5471)**

(Rev. December 2021)

Department of the Treasury
Internal Revenue Service**Information for Global Intangible Low-Taxed Income**

► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Global Benefits Group Inc

Identifying number

20-3842750

Name of foreign corporation

GLOBAL BENEFITS GROUP (UK) LIMITED

EIN (if any)

Reference ID number (see instructions)

00001

Separate Category (Enter code - see instructions.)

► GEN

		Functional Currency	Conversion Rate	U.S. Dollars
1 Gross income (see instructions if cost of goods sold exceed gross receipts)	1	3,400,993.		
2 Exclusions (see instructions if cost of goods sold exceed gross receipts)				
a Effectively connected income	2a			
b Subpart F income	2b			
c High-tax exception income per section 954(b)(4)	2c			
d Related party dividends	2d			
e Foreign oil and gas extraction income	2e			
3 Total exclusions (combine lines 2a through 2e)	3			
4 Gross income less total exclusions (line 1 minus line 3) (see instructions)	4	3,400,993.		
5 Deductions properly allocable to amount on line 4	5	3,727,496.		
6 Tested income (loss) (line 4 minus line 5) (see instructions)	6	-326,503.	0.7843200	-416,288.
7 Tested foreign income taxes	7		0.7843200	
8 Qualified business asset investment (QBAI)	8		0.7843200	
9a Interest expense included on line 5	9a			
b Qualified interest expense	9b			
c Tested loss QBAI amount	9c			
d Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0-	9d		0.7843200	
10a Interest income included in line 4	10a			
b Qualified interest income	10b			
c Tested interest income (line 10a minus line 10b). If zero or less, enter -0-	10c		0.7843200	

For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2021)

**SCHEDULE J
(Form 5471)**(Rev. December 2020)
Department of the Treasury
Internal Revenue Service**Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation**► **Attach to Form 5471.**► **Go to www.irs.gov/Form5471 for instructions and the latest information.**

OMB No. 1545-0123

Name of person filing Form 5471

Global Benefits Group Inc

Identifying number

20-3842750

Name of foreign corporation

GLOBAL BENEFITS GROUP (UK) LIMITED

EIN (if any)

Reference ID number (see instructions)

00001

a Separate Category (Enter code - see instructions.) ► GEN**b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ►**Part I Accumulated E&P of Controlled Foreign Corporation**☐ Check the box if person filing return does not have all U.S. shareholders' information to complete an amount in column (e) (see instructions).**Important:** Enter amounts in functional currency.

		(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	
						(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP
1a	Balance at beginning of year (as reported on prior year Schedule J)	421,333.					
b	Beginning balance adjustments (attach statement)						
c	Adjusted beginning balance (combine lines 1a and 1b)	421,333.					
2a	Reduction for taxes unsuspended under anti-splitter rules						
b	Disallowed deduction for taxes suspended under anti-splitter rules						
3	Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H)	-339,351.					
4	E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation						
5a	E&P carried over in nonrecognition transaction						
b	Reclassify deficit in E&P as hovering deficit after nonrecognition transaction						
6	Other adjustments (attach statement)						
7	Total current and accumulated E&P (combine lines 1c through 6)	81,982.					
8	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P						
9	Actual distributions						
10	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P						
11	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
12	Other adjustments (attach statement)						
13	Hovering deficit offset of undistributed post- transaction E&P (see instructions)						
14	Balance at beginning of next year (combine lines 7 through 13)	81,982.					

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.**Schedule J (Form 5471) (Rev. 12-2020)**

JSA

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Part I Accumulated E&P of Controlled Foreign Corporation (continued)

(e) Previously Taxed E&P (see instructions)					
	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP
1 a					
b					
c					
2 a					
b					
3					
4					
5 a					
b					
6					
7					
8					
9					
10					
11					
12					
13					
14					

(e) Previously Taxed E&P (see instructions)				(f)
	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))
1 a				421,333.
b				
c				421,333.
2 a				
b				
3				-339,351.
4				
5 a				
b				
6				
7				81,982.
8				
9				
10				
11				
12				
13				
14				81,982.

Part II **Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))**

Important: Enter amounts in functional currency.

1	Balance at beginning of year	▶	1	
2	Additions (amounts subject to future recapture).	▶	2	
3	Subtractions (amounts recaptured in current year)	▶	3	
4	Balance at end of year (combine lines 1 through 3)	▶	4	

Schedule J (Form 5471) (Rev. 12-2020)

SCHEDULE M
(Form 5471)(Rev. December 2021)
Department of the Treasury
Internal Revenue Service**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

OMB No. 1545-0123

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

Identifying number

Global Benefits Group Inc

20-3842750

Name of foreign corporation

EIN (if any)

Reference ID number (see instructions)

GLOBAL BENEFITS GROUP (UK) LIMITED

00001

Important: Complete a **separate** Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

GBP

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.).					
4 Platform contribution transaction payments received					
5 Cost sharing transaction pay- ments received					
6 Compensation received for tech- nical, managerial, engineering, construction, or like services . .	4,355,500.				
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Hybrid dividends received (see instructions)					
10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income)					
11 Interest received.					
12 Premiums received for insurance or reinsurance.					
13 Loan guarantee fees received .					
14 Other amounts received (attach statement)					
15 Add lines 1 through 14	4,355,500.				
16 Purchases of stock in trade (inventory)					
17 Purchases of tangible property other than stock in trade. . . .					
18 Purchases of property rights (patents, trademarks, etc.) . . .					
19 Platform contribution transaction payments paid					
20 Cost sharing transaction payments paid .					
21 Compensation paid for tech- nical, managerial, engineering, construction, or like services . .					
22 Commissions paid					
23 Rents, royalties, and license fees paid					
24 Hybrid dividends paid (see instructions)					
25 Dividends paid (exclude hybrid dividends paid)					
26 Interest paid					
27 Premiums paid for insurance or reinsurance					
28 Loan guarantee fees paid . . .					
29 Other amounts paid (attach statement). .					
30 Add lines 16 through 29. . . .					

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule M (Form 5471) (Rev. 12-2021)

Schedule M (Form 5471) (Rev. 12-2021)

Page 2

Name of person filing Form 5471

Identifying number

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
31 Accounts Payable	139,102.				
32 Amounts borrowed (enter the maximum loan balance during the year) - see instructions					
33 Accounts Receivable	288,200.				
34 Amounts loaned (enter the maximum loan balance during the year) - see instructions					

Schedule M (Form 5471) (Rev. 12-2021)

**SCHEDULE P
(Form 5471)**

(Rev. December 2020)

Department of the Treasury
Internal Revenue Service**Previously Taxed Earnings and Profits of U.S. Shareholder
of Certain Foreign Corporations**

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Global Benefits Group Inc

Name of U.S. shareholder

Global Benefits Group Inc

Name of foreign corporation

GLOBAL BENEFITS GROUP (UK) LIMITED

EIN (if any)

Identifying number

20-3842750

Identifying number

20-3842750

Reference ID number (see instructions)

00001

a Separate Category (Enter code - see instructions.)

GEN

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)**Part I Previously Taxed E&P in Functional Currency** (see instructions)

		(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1a	Balance at beginning of year (see instructions)			
b	Beginning balance adjustments (attach statement)			
c	Adjusted beginning balance (combine lines 1a and 1b)			
2	Reduction for taxes unsuspended under anti-splitter rules			
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4	Previously taxed E&P carried over in nonrecognition transaction			
5	Other adjustments (attach statement)			
6	Total previously taxed E&P (combine lines 1c through 5)			
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8	Actual distributions of previously taxed E&P			
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11	Other adjustments (attach statement)			
12	Balance at beginning of next year (combine lines 6 through 11)			

For Paperwork Reduction Act Notice, see instructions.

Schedule P (Form 5471) (Rev. 12-2020)

Part I **Previously Taxed E&P in Functional Currency** (see instructions) *(continued)*

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Part II Previously Taxed E&P in U.S. Dollars

		(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1 a	Balance at beginning of year (see instructions)			
b	Beginning balance adjustments (attach statement)			
c	Adjusted beginning balance (combine lines 1a and 1b)			
2	Reduction for taxes unsuspended under anti-splitter rules			
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4	Previously taxed E&P carried over in nonrecognition transaction			
5	Other adjustments (attach statement)			
6	Total previously taxed E&P (combine lines 1c through 5)			
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8	Actual distributions of previously taxed E&P			
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11	Other adjustments (attach statement)			
12	Balance at beginning of next year (combine lines 6 through 11)			

Schedule P (Form 5471) (Rev. 12-2020)

Part II Previously Taxed E&P in U.S. Dollars *(continued)*

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Schedule P (Form 5471) (Rev. 12-2020)

SCHEDULE Q
(Form 5471)(Rev. December 2022)
Department of the Treasury
Internal Revenue Service**CFC Income by CFC Income Groups**

Attach to Form 5471.

Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Global Benefits Group Inc

Identifying number

20-3842750

Name of foreign corporation

GLOBAL BENEFITS GROUP (UK) LIMITED

EIN (if any)

Reference ID number (see instructions)

00001

Complete a separate Schedule Q with respect to each applicable category of income (see instructions).

A Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes) GEN**B** If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions)**C** If code "901j" is entered on line A, enter the country code for the sanctioned country (see instructions)

Complete a separate Schedule Q for U.S. source income and foreign source income (see instructions for an exception).

D Indicate whether this Schedule Q is being completed for: ☐ U.S. source income or ☒ Foreign source income

Complete a separate Schedule Q for FOGEI or FORI income.

E If this Schedule Q is being completed for FOGEI or FORI income, check this box ☐Enter amounts in functional currency
of the foreign corporation (unless
otherwise noted).

	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
1 Subpart F Income Groups							
a Dividends, Interest, Rents, Royalties, & Annuities (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
b Net Gain From Certain Property Transactions (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
c Net Gain From Commodities Transactions (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
d Net Foreign Currency Gain (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
e Income Equivalent to Interest (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
f Other							
(1) Unit name: _____							
(2) Unit name: _____							
g Foreign Base Company Sales Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							

Important: See **Computer-Generated Schedule Q** in instructions.

For Paperwork Reduction Act Notice, see instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

JSA

2X1650 3.000

0001W4 X45R

Schedule Q (Form 5471) (Rev. 12-2022)

Page **2**

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
a									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
b									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
c									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
d									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
e									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
f									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
g									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		

Important: See **Computer-Generated Schedule Q** in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

Schedule Q (Form 5471) (Rev. 12-2022)

Page **3**

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).

	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
1 Subpart F Income Groups							
h Foreign Base Company Services Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
i Full Inclusion Foreign Base Company Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
j Insurance Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
k International Boycott Income							
l Bribes, Kickbacks, and Other Payments							
m Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)		3,400,993.					3,727,496.
(1) Unit name: Tested Income	UK	3,400,993.					3,727,496.
(2) Unit name: _____							
4 Residual Income Group (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
5 Total		3,400,993.					3,727,496.

Important: See **Computer-Generated Schedule Q** in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

Schedule Q (Form 5471) (Rev. 12-2022)

Page **4**

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
h									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
i									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
j									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
k									
l									
m									
2									
3				-326,503.					-326,503.
(1)				-326,503.			<input type="checkbox"/>		-326,503.
(2)							<input type="checkbox"/>		
4									
(1)									
(2)									
5				-326,503.					-326,503.

Important: See **Computer-Generated Schedule Q** in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

**SCHEDULE R
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

Distributions From a Foreign Corporation

► Attach to Form 5471.

OMB No. 1545-0123

► Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471		Identifying number
Global Benefits Group Inc		20-3842750
Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
GLOBAL BENEFITS GROUP (UK) LIMITED		00001

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	No Distributions	12/31/2022	NONE	NONE
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

Form **5471**

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service**Information Return of U.S. Persons With Respect
to Certain Foreign Corporations**Go to www.irs.gov/Form5471 for instructions and the latest information.Information furnished for the foreign corporation's annual accounting period (tax year required by
section 898) (see instructions) beginning 01/01/2022 , and ending 12/31/2022

OMB No. 1545-0123

Attachment
Sequence No. **121**

Name of person filing this return

Global Benefits Group Inc

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

27051 Towne Centre Drive, #210

City or town, state, and ZIP code

FOOTHILL RANCH, CA 92610

Filer's tax year beginning 01/01/2022 , and ending 12/31/2022

D Check box if this is a final Form 5471 for the foreign corporation ☐**E** Check if any excepted specified foreign financial assets are reported on this form (see instructions). ☐**F** Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40 ☐**G** If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions) ☐**H** Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director
GLOBAL BENEFITS GROUP, INC	27422 PORTOLA PARKWAY STE 110, FOOTHILL RANCH C	20-3842750	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation GBG ELITE MEDICAL SERVICES, S.A. DE C.V. (MEXICO) Bosque de Ciruelos 180 PP 101 Bosques de las Lomas Miguel Hidalgo, Mexico City 11700 MX				b(1) Employer identification number, if any	
				b(2) Reference ID number (see instructions) 00002	
				c Country under whose laws incorporated MX	
d Date of incorporation 01/18/2018	e Principal place of business MX	f Principal business activity code number 524210	g Principal business activity Brokering & Management	h Functional currency code MXN	

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b If a U.S. income tax return was filed, enter:	
	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)
c Name and address of foreign corporation's statutory or resident agent in country of incorporation		
d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different		

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	200,000.	200,000.

For Paperwork Reduction Act Notice, see instructions.

Form **5471** (Rev. 12-2022)

Schedule B	Shareholders of Foreign Corporation
Part I	U.S. Shareholders of Foreign Corporation (see instructions)

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
GLOBAL BENEFITS GROUP, INC 27422 PORTOLA PARKWAY STE 110 FOOTHILL RANCH, CA 92610 20-3842750	COMMON STOCK	100.	100.	100.000000000000

(a) Name, address, and identifying number of shareholder. Also, include country of incorporation or formation, if applicable.	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period
GLOBAL BENEFITS GROUP INC 27422 PORTOLA PARKWAY STE 110 FOOTHILL RANCH, CA 92610 20-3842750 US	COMMON STOCK	100.	100.

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. generally accepted accounting principles (GAAP). Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for dollar approximate separate transactions method (DASTM) corporations.

			Functional Currency	U.S. Dollars
Income	1a Gross receipts or sales	1a	16,380,570.	820,263.
	b Returns and allowances	1b		
	c Subtract line 1b from line 1a	1c	16,380,570.	820,263.
	2 Cost of goods sold	2		
	3 Gross profit (subtract line 2 from line 1c)	3	16,380,570.	820,263.
	4 Dividends	4		
	5 Interest	5		
	6a Gross rents	6a		
	b Gross royalties and license fees	6b		
	7 Net gain or (loss) on sale of capital assets	7		
Deductions	8a Foreign currency transaction gain or loss - unrealized	8a		
	b Foreign currency transaction gain or loss - realized	8b	1,754,182.	87,841.
	9 Other income (attach statement)	9		
	10 Total income (add lines 3 through 9)	10	18,134,752.	908,104.
	11 Compensation not deducted elsewhere	11		
	12a Rents	12a		
	b Royalties and license fees	12b		
	13 Interest	13		
	14 Depreciation not deducted elsewhere	14		
	15 Depletion	15		
Net Income	16 Taxes (exclude income tax expense (benefit)) Stmt. 47	16	654,868.	32,793.
	17 Other deductions (attach statement - exclude income tax expense (benefit)) See Statement. 47	17	10,618,628.	531,732.
	18 Total deductions (add lines 11 through 17)	18	11,273,496.	564,525.
	19 Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10) . .	19	6,861,256.	343,580.
Other Comprehensive Income	20 Unusual or infrequently occurring items	20		
	21a Income tax expense (benefit) - current . See Statement. 47	21a	3,573,767.	178,958.
	b Income tax expense (benefit) - deferred	21b		
	22 Current year net income or (loss) per books (combine lines 19 through 21b) .	22	3,287,489.	164,622.
Other Comprehensive Income	23a Foreign currency translation adjustments	23a		
	b Other	23b		
	c Income tax expense (benefit) related to other comprehensive income	23c		
	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c)	24		

Form **5471** (Rev. 12-2022)

Schedule F Balance Sheet**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash	1	1,788,123.	1,314,359.
2a Trade notes and accounts receivable	2a	NONE	1,829,213.
b Less allowance for bad debts	2b	() ()	
3 Derivatives	3		
4 Inventories	4		
5 Other current assets (attach statement).	5		
6 Loans to shareholders and other related persons	6		
7 Investment in subsidiaries (attach statement).	7		
8 Other investments (attach statement)	8		
9a Buildings and other depreciable assets	9a		
b Less accumulated depreciation.	9b	() ()	
10a Depletable assets	10a		
b Less accumulated depletion	10b	() ()	
11 Land (net of any amortization)	11		
12 Intangible assets:			
a Goodwill	12a		
b Organization costs.	12b		
c Patents, trademarks, and other intangible assets	12c		
d Less accumulated amortization for lines 12a, 12b, and 12c	12d	() ()	
13 Other assets (attach statement) See Statement 48.	13	7,462,286.	-2,934,046.
14 Total assets	14	9,250,409.	209,526.
Liabilities and Shareholders' Equity			
15 Accounts payable	15		
16 Other current liabilities (attach statement) See Statement 48.	16	9,914,589.	709,083.
17 Derivatives	17		
18 Loans from shareholders and other related persons	18		
19 Other liabilities (attach statement)	19		
20 Capital stock:			
a Preferred stock	20a		
b Common stock	20b		
21 Paid-in or capital surplus (attach reconciliation)	21		
22 Retained earnings	22	-664,180.	-499,557.
23 Less cost of treasury stock	23	() ()	
24 Total liabilities and shareholders' equity	24	9,250,409.	209,526.

Schedule G Other Information

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? If "Yes," see the instructions for required statement.		X
2 During the tax year, did the foreign corporation own an interest in any trust?		X
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branches (see instructions)? If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		X
4a During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)? If "Yes," complete lines 4b and 4c.		X
b Enter the total amount of the base erosion payments. \$ _____		
c Enter the total amount of the base erosion tax benefit \$ _____		
5a During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? If "Yes," complete line 5b.		X
b Enter the total amount of the disallowed deductions (see instructions) \$ _____		

Schedule G Other Information (continued)

	Yes	No
6a Is the filer claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transactions with the foreign corporation? If "Yes," complete lines 6b, 6c, and 6d. See instructions.		X
b Enter the amount of gross receipts derived from all sales of general property to the foreign corporation that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) \$ _____		
c Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included in its computation of FDDEI (see instructions) \$ _____		
d Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in its computation of FDDEI (see instructions) \$ _____		
7 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in which the foreign corporation was a participant during the tax year.		X
8 From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.358-6(b)(2))?		X
9a Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the taxable year? If "Yes," go to line 9b.		X
b Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the tax year \$ _____		
10 During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)? If "Yes," see instructions and attach statement.		X
11 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		X
12 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
13 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X
14 Did you answer "Yes" to any of the questions in the instructions for line 14? If "Yes," enter the corresponding code(s) from the instructions and attach statement _____		X
15 Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)? If "Yes," enter the amount \$ _____		X
16 Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to the current tax year (see instructions)? If "Yes," enter the amount \$ _____		X
17a Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year (see instructions)?		X
b If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)?		
18 Does the reporting corporation have any loan to or from the related party to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of interest within the safe-haven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the relevant term)?		X
19a Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section 1.385-3) during the period including the tax year and the preceding 3 tax years, or, during the period beginning 36 months before the date of the respective distribution or acquisition and ending 36 months afterward, did the reporting corporation issue or refinance indebtedness owed to a related party?		X
b If the answer to question 19a is "Yes," provide the following. (1) The amount of such distribution(s) and acquisition(s) \$ _____ (2) The amount of such related party indebtedness \$ _____		

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder Global Benefits Group Inc

Identifying number 20-3842750

1a	Section 964(e)(4) subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions)	1a	
b	Section 245A(e)(2) subpart F income from hybrid dividends of tiered corporations (see instructions) . . .	1b	
c	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6)	1c	
d	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6)	1d	
e	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A) . .	1e	
f	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	1f	
g	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) . .	1g	
h	Other subpart F income (enter result from Worksheet A)	1h	
2	Earnings invested in U.S. property (enter the result from Worksheet B)	2	
3	Reserved for future use	3	
4	Factoring income See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.	4	
5a	Section 245A eligible dividends (see instructions)	5a	
b	Extraordinary disposition amounts (see instructions)	5b	
c	Extraordinary reduction amounts (see instructions)	5c	
d	Section 245A(e) dividends (see instructions)	5d	
e	Dividends not reported on line 5a, 5b, 5c, or 5d	5e	
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits	6	

	Yes	No
7a Was any income of the foreign corporation blocked?		
b Did any such income become unblocked during the tax year (see section 964(b))?		
If the answer to either question is "Yes," attach an explanation.		
8a Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)?		
b If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
c Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
9 Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions) \$ _____		

Form **5471** (Rev. 12-2022)

**SCHEDULE E
(Form 5471)**

(Rev. December 2021)

Department of the Treasury
Internal Revenue Service**Income, War Profits, and Excess Profits Taxes Paid or Accrued**

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Global Benefits Group Inc

Name of foreign corporation

GBG ELITE MEDICAL SERVICES, S.A. DE C.V. (MEX)

Identifying number

20-3842750

Reference ID number (see instructions)

00002

a Separate Category (Enter code - see instructions.) ▶ GEN

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions). ▶

c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ▶

Part I Taxes for Which a Foreign Tax Credit Is Allowed**Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation**

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Unsuspended Taxes	(d) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(e) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(f) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)
1	GBG Elite Medical Services, S.A. DE C.V. (Mex)	00002		MX	2022/01/01	2022/12/31
2						
3						
4						

	(g) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(h) If taxes are paid on U.S. source income, check box	(i) Local Currency in Which Tax Is Payable (enter code - see instructions)	(j) Tax Paid or Accrued (in local currency in which the tax is payable)	(k) Conversion Rate to U.S. Dollars	(l) In U.S. Dollars (divide column (j) by column (k))	(m) In Functional Currency of Foreign Corporation
1	343,581.		MXN	3,573,767.	19.9698500	178,958.	3,573,767.
2							
3							
4							
5	Total (combine lines 1 through 4 of column (l)). Also report amount on Schedule E-1, line 4 ▶					178,958.	
6	Total (combine lines 1 through 4 of column (m)) ▶						3,573,767.

Section 2 - Taxes Deemed Paid by Foreign Corporation

	(a) Name of Lower-Tier Distributing Foreign Corporation	(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter year)
1					
2					
3					
4					

	(f) PTEP Distributed (enter amount in functional currency)	(g) Total Amount of PTEP in the PTEP Group (in functional currency)	(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)	(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/column (g)) x column (h)) (USD)
1				
2				
3				
4				
5	Total (combine lines 1 through 4 of column (i)). Also report amount on Schedule E-1, line 6 ▶			

For Paperwork Reduction Act Notice, see instructions.

Schedule E (Form 5471) (Rev. 12-2021)

JSA

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Name of foreign corporation GBG ELITE MEDICAL SERVICES, S.A. DE C.V. (MEX)	EIN (if any)	Reference ID number (see instructions) 00002
a Separate Category (Enter code-see instructions.)		▶ GEN
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)		▶
c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)		▶

Part II Election

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

☐ Yes ☒ No If "Yes," state date of election ▶

Part III Taxes for Which a Foreign Tax Credit Is Disallowed (Enter in functional currency of foreign corporation.)

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	(f) U.S. Taxes	(g) Suspended Taxes	(h) Other	(i) Total
1									
2									
3	In functional currency (combine lines 1 and 2) ▶								
4	In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions)). ▶								

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation

IMPORTANT: Enter amounts in U.S. dollars.

		Taxes related to:			
		(a) Subpart F Income	(b) Tested Income	(c) Residual Income	(d) Suspended Taxes
1a	Balance at beginning of year (as reported in prior year Schedule E-1)	-0-	-0-	-0-	
b	Beginning balance adjustments (attach statement)				
c	Adjusted beginning balance (combine lines 1a and 1b)				
2	Adjustment for foreign tax redetermination.				
3a	Taxes unsuspended under anti-splitter rules				
b	Taxes suspended under anti-splitter rules.				
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (l)		178,958.		
5	Taxes carried over in nonrecognition transactions				
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (i).				
7	Other adjustments (attach statement).				
8	Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines 1c through 7)		178,958.		
9	Taxes deemed paid with respect to inclusions (see instructions)				
10	Taxes deemed paid with respect to actual distributions				
11	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P				
12	Other (attach statement).				
13	Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))		178,958.		
14	Reserved for future use				
15	Reduction for other taxes not deemed paid.				
16	Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b), and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12	-0-	-0-	-0-	

Schedule E (Form 5471) (Rev. 12-2021)

Page 3

Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
GBG ELITE MEDICAL SERVICES, S.A. DE C.V. (MEX		00002

- a Separate Category (Enter code - see instructions.) ▶ GEN
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ▶

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation (continued)

(e) Taxes related to previously taxed E&P (see instructions)										
	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
c										
2										
3a										
b										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

Schedule E (Form 5471) (Rev. 12-2021)

Document Page 582 of 705
Current Earnings and ProfitsSCHEDULE H
(Form 5471)(Rev. December 2021)
Department of the Treasury
Internal Revenue Service

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471 Global Benefits Group Inc		Identifying number 20-3842750
Name of foreign corporation GBG ELITE MEDICAL SERVICES, S.A. DE C.V. (MEX)	EIN (if any)	Reference ID number (see instructions) 00002

IMPORTANT: Enter the amounts on lines 1 through 5c in **functional** currency.

1	Current year net income or (loss) per foreign books of account.			1	3,287,489.
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):	Net Additions	Net Subtractions		
a	Capital gains or losses.	2a			
b	Depreciation and amortization.	2b			
c	Depletion.	2c			
d	Investment or incentive allowance.	2d			
e	Charges to statutory reserves.	2e			
f	Inventory adjustments.	2f			
g	Income taxes (see Schedule E, Part I, Section 1, line 6, column (m), and Part III, line 3, column (i)).	2g	3,573,767.		
h	Foreign currency gains or losses.	2h			
i	Other (attach statement).	2i			
3	Total net additions.	3	3,573,767.		
4	Total net subtractions.	4			
5a	Current earnings and profits (line 1 plus line 3 minus line 4).	5a			6,861,256.
b	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions).	5b			
c	Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(D) the portion of the line 5c amount with respect to the categories of income shown on those lines.	5c			6,861,256.
(i)	General category (enter amount on applicable Schedule J, Part I, line 3, column (a)).	5c(i)			
(ii)	Passive category (enter amount on applicable Schedule J, Part I, line 3, column (a)).	5c(ii)			
(iii)	Section 901(j) category:				
(A)	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(A)			
(B)	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(B)			
(C)	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(C)			
(D)	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(D) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(D)			
d	Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions)).	5d			352,279.
e	Enter exchange rate used for line 5d. ▶		19.4767890		

For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (Rev. 12-2021)

**SCHEDULE I-1
(Form 5471)**

(Rev. December 2021)

Department of the Treasury
Internal Revenue Service**Information for Global Intangible Low-Taxed Income**

► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Global Benefits Group Inc

Identifying number

20-3842750

Name of foreign corporation

EIN (if any)

Reference ID number (see instructions)

GBG ELITE MEDICAL SERVICES, S.A. DE C.V. (MEX)

00002

Separate Category (Enter code - see instructions.)

► GEN

		Functional Currency	Conversion Rate	U.S. Dollars
1 Gross income (see instructions if cost of goods sold exceed gross receipts)	1	18,134,752.		
2 Exclusions (see instructions if cost of goods sold exceed gross receipts)				
a Effectively connected income	2a			
b Subpart F income	2b			
c High-tax exception income per section 954(b)(4)	2c			
d Related party dividends	2d			
e Foreign oil and gas extraction income	2e			
3 Total exclusions (combine lines 2a through 2e)	3			
4 Gross income less total exclusions (line 1 minus line 3) (see instructions)	4	18,134,752.		
5 Deductions properly allocable to amount on line 4	5	14,847,263.		
6 Tested income (loss) (line 4 minus line 5) (see instructions)	6	3,287,489.	19.9698500	164,623.
7 Tested foreign income taxes	7		19.9698500	
8 Qualified business asset investment (QBAI)	8		19.9698500	
9a Interest expense included on line 5	9a			
b Qualified interest expense	9b			
c Tested loss QBAI amount	9c			
d Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0-	9d		19.9698500	
10a Interest income included in line 4	10a			
b Qualified interest income	10b			
c Tested interest income (line 10a minus line 10b). If zero or less, enter -0-	10c		19.9698500	

For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2021)

**SCHEDULE J
(Form 5471)**(Rev. December 2020)
Department of the Treasury
Internal Revenue Service**Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation**► **Attach to Form 5471.**

OMB No. 1545-0123

► **Go to www.irs.gov/Form5471 for instructions and the latest information.**

Name of person filing Form 5471

Global Benefits Group Inc

Identifying number

20-3842750

Name of foreign corporation

GBG ELITE MEDICAL SERVICES, S.A. DE C.V. (MEX

EIN (if any)

Reference ID number (see instructions)

00002

a Separate Category (Enter code - see instructions.)

GEN

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)**Part I Accumulated E&P of Controlled Foreign Corporation**☐ Check the box if person filing return does not have all U.S. shareholders' information to complete an amount in column (e) (see instructions).**Important:** Enter amounts in functional currency.

		(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	
						(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP
1a	Balance at beginning of year (as reported on prior year Schedule J)	-7,024,322.					
b	Beginning balance adjustments (attach statement)						
c	Adjusted beginning balance (combine lines 1a and 1b)	-7,024,322.					
2a	Reduction for taxes unsuspended under anti-splitter rules						
b	Disallowed deduction for taxes suspended under anti-splitter rules						
3	Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H)	6,861,256.					
4	E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation						
5a	E&P carried over in nonrecognition transaction						
b	Reclassify deficit in E&P as hovering deficit after nonrecognition transaction						
6	Other adjustments (attach statement)						
7	Total current and accumulated E&P (combine lines 1c through 6)	-163,066.					
8	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P						
9	Actual distributions						
10	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P						
11	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
12	Other adjustments (attach statement)						
13	Hovering deficit offset of undistributed post-transaction E&P (see instructions)						
14	Balance at beginning of next year (combine lines 7 through 13)	-163,066.					

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.**Schedule J (Form 5471) (Rev. 12-2020)**

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Part I Accumulated E&P of Controlled Foreign Corporation (continued)					
	(e) Previously Taxed E&P (see instructions)				
	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP
1 a					
b					
c					
2 a					
b					
3					
4					
5 a					
b					
6					
7					
8					
9					
10					
11					
12					
13					
14					
	(e) Previously Taxed E&P (see instructions)			(f)	
	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))	
1 a				-7,024,322.	
b					
c				-7,024,322.	
2 a					
b					
3				6,861,256.	
4					
5 a					
b					
6					
7				-163,066.	
8					
9					
10					
11					
12					
13					
14				-163,066.	

Part II **Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))**

Important: Enter amounts in functional currency.

1	Balance at beginning of year	▶	1	
2	Additions (amounts subject to future recapture).	▶	2	
3	Subtractions (amounts recaptured in current year)	▶	3	
4	Balance at end of year (combine lines 1 through 3)	▶	4	

Schedule J (Form 5471) (Rev. 12-2020)

SCHEDULE M
(Form 5471)(Rev. December 2021)
Department of the Treasury
Internal Revenue Service**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

OMB No. 1545-0123

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

Identifying number

Global Benefits Group Inc

20-3842750

Name of foreign corporation

EIN (if any)

Reference ID number (see instructions)

GBG ELITE MEDICAL SERVICES, S.A. DE C.V. (MEX)

00002

Important: Complete a **separate** Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

PESO

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.).					
4 Platform contribution transaction payments received					
5 Cost sharing transaction payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services . .					
7 Commissions received	-820,265.				
8 Rents, royalties, and license fees received					
9 Hybrid dividends received (see instructions)					
10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income)					
11 Interest received.					
12 Premiums received for insurance or reinsurance.					
13 Loan guarantee fees received .					
14 Other amounts received (attach statement)					
15 Add lines 1 through 14	-820,265.				
16 Purchases of stock in trade (inventory)					
17 Purchases of tangible property other than stock in trade. . . .					
18 Purchases of property rights (patents, trademarks, etc.) . . .					
19 Platform contribution transaction payments paid					
20 Cost sharing transaction payments paid .					
21 Compensation paid for technical, managerial, engineering, construction, or like services . .					
22 Commissions paid					
23 Rents, royalties, and license fees paid					
24 Hybrid dividends paid (see instructions)					
25 Dividends paid (exclude hybrid dividends paid)					
26 Interest paid					
27 Premiums paid for insurance or reinsurance					
28 Loan guarantee fees paid . . .					
29 Other amounts paid (attach statement). .					
30 Add lines 16 through 29. . . .					

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule M (Form 5471) (Rev. 12-2021)

Schedule M (Form 5471) (Rev. 12-2021)

Page 2

Name of person filing Form 5471

Identifying number

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
31 Accounts Payable					
32 Amounts borrowed (enter the maximum loan balance during the year) - see instructions					
33 Accounts Receivable			273,741.		
34 Amounts loaned (enter the maximum loan balance during the year) - see instructions					

Schedule M (Form 5471) (Rev. 12-2021)

**SCHEDULE P
(Form 5471)**

(Rev. December 2020)

Department of the Treasury
Internal Revenue Service**Previously Taxed Earnings and Profits of U.S. Shareholder
of Certain Foreign Corporations**

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Global Benefits Group Inc

Name of U.S. shareholder

Global Benefits Group Inc

Name of foreign corporation

GBG ELITE MEDICAL SERVICES, S.A. DE C.V. (MEX

EIN (if any)

Identifying number

20-3842750

Identifying number

20-3842750

Reference ID number (see instructions)

00002

a Separate Category (Enter code - see instructions.)

▶ GEN

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)**Part I Previously Taxed E&P in Functional Currency** (see instructions)

		(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1a	Balance at beginning of year (see instructions)			
b	Beginning balance adjustments (attach statement)			
c	Adjusted beginning balance (combine lines 1a and 1b)			
2	Reduction for taxes unsuspended under anti-splitter rules			
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4	Previously taxed E&P carried over in nonrecognition transaction			
5	Other adjustments (attach statement)			
6	Total previously taxed E&P (combine lines 1c through 5)			
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8	Actual distributions of previously taxed E&P			
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11	Other adjustments (attach statement)			
12	Balance at beginning of next year (combine lines 6 through 11)			

For Paperwork Reduction Act Notice, see instructions.

Schedule P (Form 5471) (Rev. 12-2020)

Part I **Previously Taxed E&P in Functional Currency** (see instructions) *(continued)*

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Part II Previously Taxed E&P in U.S. Dollars

		(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1 a	Balance at beginning of year (see instructions)			
b	Beginning balance adjustments (attach statement)			
c	Adjusted beginning balance (combine lines 1a and 1b)			
2	Reduction for taxes unsuspended under anti-splitter rules			
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4	Previously taxed E&P carried over in nonrecognition transaction			
5	Other adjustments (attach statement)			
6	Total previously taxed E&P (combine lines 1c through 5)			
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8	Actual distributions of previously taxed E&P			
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11	Other adjustments (attach statement)			
12	Balance at beginning of next year (combine lines 6 through 11)			

Schedule P (Form 5471) (Rev. 12-2020)

Part II Previously Taxed E&P in U.S. Dollars *(continued)*

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Schedule P (Form 5471) (Rev. 12-2020)

**SCHEDULE Q
(Form 5471)**(Rev. December 2022)
Department of the Treasury
Internal Revenue Service**CFC Income by CFC Income Groups**

Attach to Form 5471.

OMB No. 1545-0123

Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

Global Benefits Group Inc

Identifying number

20-3842750

Name of foreign corporation

GBG ELITE MEDICAL SERVICES, S.A. DE C.V. (MEX)

EIN (if any)

Reference ID number (see instructions)

00002

Complete a separate Schedule Q with respect to each applicable category of income (see instructions).

A Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes) GEN**B** If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions)**C** If code "901j" is entered on line A, enter the country code for the sanctioned country (see instructions)

Complete a separate Schedule Q for U.S. source income and foreign source income (see instructions for an exception).

D Indicate whether this Schedule Q is being completed for: ☐ U.S. source income or ☒ Foreign source income

Complete a separate Schedule Q for FOGEI or FORI income.

E If this Schedule Q is being completed for FOGEI or FORI income, check this box ☐Enter amounts in functional currency
of the foreign corporation (unless
otherwise noted).

	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
1 Subpart F Income Groups							
a Dividends, Interest, Rents, Royalties, & Annuities (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
b Net Gain From Certain Property Transactions (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
c Net Gain From Commodities Transactions (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
d Net Foreign Currency Gain (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
e Income Equivalent to Interest (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
f Other							
(1) Unit name: _____							
(2) Unit name: _____							
g Foreign Base Company Sales Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							

Important: See **Computer-Generated Schedule Q** in instructions.

For Paperwork Reduction Act Notice, see instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

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Schedule Q (Form 5471) (Rev. 12-2022)

Page **2**

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
a									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
b									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
c									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
d									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
e									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
f									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
g									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		

Important: See **Computer-Generated Schedule Q** in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

Schedule Q (Form 5471) (Rev. 12-2022)

Page **3**

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).

	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
1 Subpart F Income Groups							
h Foreign Base Company Services Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
i Full Inclusion Foreign Base Company Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
j Insurance Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
k International Boycott Income							
l Bribes, Kickbacks, and Other Payments							
m Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)		18,134,752.					14,847,263.
(1) Unit name: Tested Income	MX	18,134,752.					14,847,263.
(2) Unit name: _____							
4 Residual Income Group (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
5 Total		18,134,752.					14,847,263.

Important: See **Computer-Generated Schedule Q** in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

Schedule Q (Form 5471) (Rev. 12-2022)

Page **4**

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
h									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
i									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
j									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
k									
l									
m									
2									
3				3,287,489.					3,287,489.
(1)				3,287,489.			<input type="checkbox"/>		3,287,489.
(2)							<input type="checkbox"/>		
4									
(1)									
(2)									
5				3,287,489.					3,287,489.

Important: See **Computer-Generated Schedule Q** in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

**SCHEDULE R
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

Distributions From a Foreign Corporation

► Attach to Form 5471.

OMB No. 1545-0123

► Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471	Identifying number
Global Benefits Group Inc	20-3842750
Name of foreign corporation	Reference ID number (see instructions)
GBG ELITE MEDICAL SERVICES, S.A. DE C.V. (MEX	00002

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	No Distributions	12/31/2022	NONE	NONE
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

Form **5471**

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service**Information Return of U.S. Persons With Respect
to Certain Foreign Corporations**Go to www.irs.gov/Form5471 for instructions and the latest information.Information furnished for the foreign corporation's annual accounting period (tax year required by
section 898) (see instructions) beginning 01/01/2022 , and ending 12/31/2022

OMB No. 1545-0123

Attachment
Sequence No. **121**

Name of person filing this return

Global Benefits Group Inc

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

27051 Towne Centre Drive, #210

City or town, state, and ZIP code

FOOTHILL RANCH, CA 92610

Filer's tax year beginning 01/01/2022 , and ending 12/31/2022

D Check box if this is a final Form 5471 for the foreign corporation ☐**E** Check if any excepted specified foreign financial assets are reported on this form (see instructions). ☐**F** Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40 ☐**G** If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions)**H** Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director
GLOBAL BENEFITS GROUP, INC	27422 PORTOLA PARKWAY STE 110, FOOTHILL RANCH C	20-3842750	X		

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation GBG PREMIER, S.A.DE.C.V (MEXICO) Bosque de Ciruelos 180 PP 101 Bosques de las Lomas Mexico City, Miguel Hidalgo 11700 MX				b(1) Employer identification number, if any	
				b(2) Reference ID number (see instructions) 00003	
				c Country under whose laws incorporated MX	
d Date of incorporation 01/18/2018	e Principal place of business MX	f Principal business activity code number 542410	g Principal business activity Brokering & Management	h Functional currency code MXN	

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b If a U.S. income tax return was filed, enter:	
	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)
c Name and address of foreign corporation's statutory or resident agent in country of incorporation	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different	

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	200,000.	200,000.

For Paperwork Reduction Act Notice, see instructions.

Form **5471** (Rev. 12-2022)

Schedule B	Shareholders of Foreign Corporation
Part I	U.S. Shareholders of Foreign Corporation (see instructions)

Part I U.S. Shareholders of Foreign Corporation (see instructions)

Part II **Direct Shareholders of Foreign Corporation** (see instructions)**Part II** **Direct Shareholders of Foreign Corporation** (see instructions)Form **5471** (Rev. 12-2022)

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. generally accepted accounting principles (GAAP). Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for dollar approximate separate transactions method (DASTM) corporations.

			Functional Currency	U.S. Dollars
Income	1a Gross receipts or sales	1a	10,271,863.	514,367.
	b Returns and allowances	1b		
	c Subtract line 1b from line 1a	1c	10,271,863.	514,367.
	2 Cost of goods sold	2		
	3 Gross profit (subtract line 2 from line 1c)	3	10,271,863.	514,367.
	4 Dividends	4		
	5 Interest	5		
	6a Gross rents	6a		
	b Gross royalties and license fees	6b		
	7 Net gain or (loss) on sale of capital assets	7		
Deductions	8a Foreign currency transaction gain or loss - unrealized	8a		
	b Foreign currency transaction gain or loss - realized	8b	182,414.	9,134.
	9 Other income (attach statement)	9		
	10 Total income (add lines 3 through 9)	10	10,454,277.	523,501.
	11 Compensation not deducted elsewhere	11		
	12a Rents	12a		
	b Royalties and license fees	12b		
	13 Interest	13		
	14 Depreciation not deducted elsewhere	14		
	15 Depletion	15		
Net Income	16 Taxes (exclude income tax expense (benefit))	16		
	17 Other deductions (attach statement - exclude income tax expense (benefit)). See Statement 49	17	249,107.	12,475.
	18 Total deductions (add lines 11 through 17)	18	249,107.	12,475.
	19 Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10) . .	19	10,205,170.	511,028.
Other Comprehensive Income	20 Unusual or infrequently occurring items	20		
	21a Income tax expense (benefit) - current	21a		
	b Income tax expense (benefit) - deferred	21b		
	22 Current year net income or (loss) per books (combine lines 19 through 21b) .	22	10,205,170.	511,028.
Other Comprehensive Income	23a Foreign currency translation adjustments	23a		
	b Other	23b		
	c Income tax expense (benefit) related to other comprehensive income	23c		
	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c).	24		

Form **5471** (Rev. 12-2022)

Schedule F Balance Sheet**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash	1	245,983.	122,619.
2a Trade notes and accounts receivable	2a	NONE	606,089.
b Less allowance for bad debts	2b	() ()	
3 Derivatives	3		
4 Inventories	4		
5 Other current assets (attach statement).	5		
6 Loans to shareholders and other related persons	6		
7 Investment in subsidiaries (attach statement).	7		
8 Other investments (attach statement)	8		
9a Buildings and other depreciable assets	9a		
b Less accumulated depreciation.	9b	() ()	
10a Depletable assets	10a		
b Less accumulated depletion	10b	() ()	
11 Land (net of any amortization)	11		
12 Intangible assets:			
a Goodwill	12a		
b Organization costs.	12b		
c Patents, trademarks, and other intangible assets	12c		
d Less accumulated amortization for lines 12a, 12b, and 12c	12d	() ()	
13 Other assets (attach statement) See Statement 50.	13	-619,272.	-624,780.
14 Total assets	14	-373,289.	103,928.
Liabilities and Shareholders' Equity			
15 Accounts payable	15		
16 Other current liabilities (attach statement) See Statement 50.	16	-125,534.	91,723.
17 Derivatives	17		
18 Loans from shareholders and other related persons	18		
19 Other liabilities (attach statement)	19		
20 Capital stock:			
a Preferred stock	20a		
b Common stock	20b		
21 Paid-in or capital surplus (attach reconciliation)	21		
22 Retained earnings	22	498,823.	12,205.
23 Less cost of treasury stock	23	() ()	
24 Total liabilities and shareholders' equity	24	373,289.	103,928.

Schedule G Other Information

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? If "Yes," see the instructions for required statement.		X
2 During the tax year, did the foreign corporation own an interest in any trust?		X
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branches (see instructions)? If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		X
4a During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)? If "Yes," complete lines 4b and 4c.		X
b Enter the total amount of the base erosion payments. \$ _____		
c Enter the total amount of the base erosion tax benefit \$ _____		
5a During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? If "Yes," complete line 5b.		X
b Enter the total amount of the disallowed deductions (see instructions) \$ _____		

Schedule G Other Information (continued)

	Yes	No
6a Is the filer claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transactions with the foreign corporation? If "Yes," complete lines 6b, 6c, and 6d. See instructions.		X
b Enter the amount of gross receipts derived from all sales of general property to the foreign corporation that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) \$ _____		
c Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included in its computation of FDDEI (see instructions) \$ _____		
d Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in its computation of FDDEI (see instructions) \$ _____		
7 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in which the foreign corporation was a participant during the tax year.		X
8 From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.358-6(b)(2))?		X
9a Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the taxable year? If "Yes," go to line 9b.		X
b Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the tax year \$ _____		
10 During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)? If "Yes," see instructions and attach statement.		X
11 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		X
12 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
13 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X
14 Did you answer "Yes" to any of the questions in the instructions for line 14? If "Yes," enter the corresponding code(s) from the instructions and attach statement _____		X
15 Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)? If "Yes," enter the amount \$ _____		X
16 Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to the current tax year (see instructions)? If "Yes," enter the amount \$ _____		X
17a Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year (see instructions)?		X
b If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)?		
18 Does the reporting corporation have any loan to or from the related party to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of interest within the safe-haven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the relevant term)?		X
19a Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section 1.385-3) during the period including the tax year and the preceding 3 tax years, or, during the period beginning 36 months before the date of the respective distribution or acquisition and ending 36 months afterward, did the reporting corporation issue or refinance indebtedness owed to a related party?		X
b If the answer to question 19a is "Yes," provide the following. (1) The amount of such distribution(s) and acquisition(s) \$ _____ (2) The amount of such related party indebtedness \$ _____		

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder Global Benefits Group Inc

Identifying number 20-3842750

1a	Section 964(e)(4) subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions)	1a	
b	Section 245A(e)(2) subpart F income from hybrid dividends of tiered corporations (see instructions) . . .	1b	
c	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6)	1c	
d	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6)	1d	
e	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A) . .	1e	
f	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	1f	
g	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) . . .	1g	
h	Other subpart F income (enter result from Worksheet A)	1h	
2	Earnings invested in U.S. property (enter the result from Worksheet B)	2	
3	Reserved for future use	3	
4	Factoring income See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.	4	
5a	Section 245A eligible dividends (see instructions)	5a	
b	Extraordinary disposition amounts (see instructions)	5b	
c	Extraordinary reduction amounts (see instructions)	5c	
d	Section 245A(e) dividends (see instructions)	5d	
e	Dividends not reported on line 5a, 5b, 5c, or 5d	5e	
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits	6	

	Yes	No
7a Was any income of the foreign corporation blocked?		
b Did any such income become unblocked during the tax year (see section 964(b))?		
If the answer to either question is "Yes," attach an explanation.		
8a Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)?		
b If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
c Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
9 Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions) \$ _____		

Form **5471** (Rev. 12-2022)

**SCHEDULE E
(Form 5471)**

(Rev. December 2021)

Department of the Treasury
Internal Revenue Service**Income, War Profits, and Excess Profits Taxes Paid or Accrued**

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Global Benefits Group Inc

Name of foreign corporation

GBG PREMIER, S.A.DE.C.V (MEXICO)

Identifying number

20-3842750

Reference ID number (see instructions)

00003

a Separate Category (Enter code - see instructions.) ▶ GEN

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions). ▶

c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ▶

Part I Taxes for Which a Foreign Tax Credit Is Allowed**Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation**

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Unsuspended Taxes	(d) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(e) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(f) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)
1	GBG PREMIER, S.A.DE.C.V (MEXICO)	00003		MX	2022/01/01	2022/12/31
2						
3						
4						

	(g) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(h) If taxes are paid on U.S. source income, check box	(i) Local Currency in Which Tax Is Payable (enter code - see instructions)	(j) Tax Paid or Accrued (in local currency in which the tax is payable)	(k) Conversion Rate to U.S. Dollars	(l) In U.S. Dollars (divide column (j) by column (k))	(m) In Functional Currency of Foreign Corporation
1	NONE		MXN	NONE	19.9698500	NONE	NONE
2							
3							
4							
5	Total (combine lines 1 through 4 of column (l)). Also report amount on Schedule E-1, line 4 ▶					NONE	
6	Total (combine lines 1 through 4 of column (m)) ▶						NONE

Section 2 - Taxes Deemed Paid by Foreign Corporation

	(a) Name of Lower-Tier Distributing Foreign Corporation	(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter year)
1					
2					
3					
4					

	(f) PTEP Distributed (enter amount in functional currency)	(g) Total Amount of PTEP in the PTEP Group (in functional currency)	(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)	(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/column (g)) x column (h)) (USD)
1				
2				
3				
4				
5	Total (combine lines 1 through 4 of column (i)). Also report amount on Schedule E-1, line 6 ▶			

For Paperwork Reduction Act Notice, see instructions.

Schedule E (Form 5471) (Rev. 12-2021)

JSA

2X1666 2.000

0001W4 X45R

Name of foreign corporation GBG PREMIER, S.A.DE.C.V (MEXICO)	EIN (if any)	Reference ID number (see instructions) 00003
a Separate Category (Enter code-see instructions).		▶ GEN
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)		▶
c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)		▶

Part II Election

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

☐ Yes ☒ No If "Yes," state date of election ▶
Part III Taxes for Which a Foreign Tax Credit Is Disallowed (Enter in functional currency of foreign corporation.)

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	(f) U.S. Taxes	(g) Suspended Taxes	(h) Other	(i) Total
1									
2									
3	In functional currency (combine lines 1 and 2)								▶
4	In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions)).								▶

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation

IMPORTANT: Enter amounts in U.S. dollars.		Taxes related to:			
		(a) Subpart F Income	(b) Tested Income	(c) Residual Income	(d) Suspended Taxes
1a	Balance at beginning of year (as reported in prior year Schedule E-1)	-0-	-0-	-0-	
b	Beginning balance adjustments (attach statement).				
c	Adjusted beginning balance (combine lines 1a and 1b)				
2	Adjustment for foreign tax redetermination.				
3a	Taxes unsuspended under anti-splitter rules				
b	Taxes suspended under anti-splitter rules.				
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (l)				
5	Taxes carried over in nonrecognition transactions				
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (i).				
7	Other adjustments (attach statement).				
8	Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines 1c through 7)				
9	Taxes deemed paid with respect to inclusions (see instructions)				
10	Taxes deemed paid with respect to actual distributions				
11	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P				
12	Other (attach statement).				
13	Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))				
14	Reserved for future use				
15	Reduction for other taxes not deemed paid.				
16	Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b), and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12	-0-	-0-	-0-	

Schedule E (Form 5471) (Rev. 12-2021)

Page **3**

Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
GBG PREMIER, S.A.DE.C.V (MEXICO)		00003

- a** Separate Category (Enter code - see instructions.) **GEN**
- b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)
- c** If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation (continued)

(e) Taxes related to previously taxed E&P (see instructions)

	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
c										
2										
3a										
b										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

Schedule E (Form 5471) (Rev. 12-2021)

Current Earnings and Profits

SCHEDULE H
(Form 5471)(Rev. December 2021)
Department of the Treasury
Internal Revenue Service

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471 Global Benefits Group Inc		Identifying number 20-3842750
Name of foreign corporation GBG PREMIER, S.A.DE.C.V (MEXICO)	EIN (if any)	Reference ID number (see instructions) 00003

IMPORTANT: Enter the amounts on lines 1 through 5c in **functional** currency.

1	Current year net income or (loss) per foreign books of account.			1	10,205,170.
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):	Net Additions	Net Subtractions		
a	Capital gains or losses.	2a			
b	Depreciation and amortization.	2b			
c	Depletion.	2c			
d	Investment or incentive allowance.	2d			
e	Charges to statutory reserves.	2e			
f	Inventory adjustments.	2f			
g	Income taxes (see Schedule E, Part I, Section 1, line 6, column (m), and Part III, line 3, column (i)).	2g			
h	Foreign currency gains or losses.	2h			
i	Other (attach statement).	2i			
3	Total net additions.	3			
4	Total net subtractions.	4			
5a	Current earnings and profits (line 1 plus line 3 minus line 4).			5a	10,205,170.
b	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions).			5b	
c	Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(D) the portion of the line 5c amount with respect to the categories of income shown on those lines.			5c	10,205,170.
(i)	General category (enter amount on applicable Schedule J, Part I, line 3, column (a)).	5c(i)			
(ii)	Passive category (enter amount on applicable Schedule J, Part I, line 3, column (a)).	5c(ii)			
(iii)	Section 901(j) category:				
(A)	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(A)			
(B)	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(B)			
(C)	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(C)			
(D)	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(D) and on the applicable Schedule J, Part I, line 3, column (a).	5c(iii)(D)			
d	Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions)).			5d	523,966.
e	Enter exchange rate used for line 5d. ▶		19.4767890		

For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (Rev. 12-2021)

**SCHEDULE I-1
(Form 5471)**

(Rev. December 2021)

Department of the Treasury
Internal Revenue Service**Information for Global Intangible Low-Taxed Income**

► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Global Benefits Group Inc

Identifying number

20-3842750

Name of foreign corporation

GBG PREMIER, S.A.DE.C.V (MEXICO)

EIN (if any)

Reference ID number (see instructions)

00003

Separate Category (Enter code - see instructions.)

► GEN

		Functional Currency	Conversion Rate	U.S. Dollars
1 Gross income (see instructions if cost of goods sold exceed gross receipts)	1	10,454,277.		
2 Exclusions (see instructions if cost of goods sold exceed gross receipts)				
a Effectively connected income	2a			
b Subpart F income	2b			
c High-tax exception income per section 954(b)(4)	2c			
d Related party dividends	2d			
e Foreign oil and gas extraction income	2e			
3 Total exclusions (combine lines 2a through 2e)	3			
4 Gross income less total exclusions (line 1 minus line 3) (see instructions)	4	10,454,277.		
5 Deductions properly allocable to amount on line 4	5	249,107.		
6 Tested income (loss) (line 4 minus line 5) (see instructions)	6	10,205,170.		
7 Tested foreign income taxes	7		19.9698500	
8 Qualified business asset investment (QBAI)	8		19.9698500	
9a Interest expense included on line 5	9a			
b Qualified interest expense	9b			
c Tested loss QBAI amount	9c			
d Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0-	9d		19.9698500	
10a Interest income included in line 4	10a			
b Qualified interest income	10b			
c Tested interest income (line 10a minus line 10b). If zero or less, enter -0-	10c		19.9698500	

For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2021)

**SCHEDULE J
(Form 5471)**(Rev. December 2020)
Department of the Treasury
Internal Revenue Service**Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation**► **Attach to Form 5471.**

OMB No. 1545-0123

► **Go to www.irs.gov/Form5471 for instructions and the latest information.**

Name of person filing Form 5471

Global Benefits Group Inc

Identifying number

20-3842750

Name of foreign corporation

GBG PREMIER, S.A.DE.C.V (MEXICO)

EIN (if any)

Reference ID number (see instructions)

00003

a Separate Category (Enter code - see instructions.) ► GEN**b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ►**Part I Accumulated E&P of Controlled Foreign Corporation**☐ Check the box if person filing return does not have all U.S. shareholders' information to complete an amount in column (e) (see instructions).**Important:** Enter amounts in functional currency.

		(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	
						(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP
1a	Balance at beginning of year (as reported on prior year Schedule J)	-7,521,107.					
b	Beginning balance adjustments (attach statement)						
c	Adjusted beginning balance (combine lines 1a and 1b)	-7,521,107.					
2a	Reduction for taxes unsuspended under anti-splitter rules						
b	Disallowed deduction for taxes suspended under anti-splitter rules						
3	Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H)	10,205,170.					
4	E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation						
5a	E&P carried over in nonrecognition transaction						
b	Reclassify deficit in E&P as hovering deficit after nonrecognition transaction						
6	Other adjustments (attach statement)						
7	Total current and accumulated E&P (combine lines 1c through 6)	2,684,063.					
8	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P						
9	Actual distributions						
10	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P						
11	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
12	Other adjustments (attach statement)						
13	Hovering deficit offset of undistributed post- transaction E&P (see instructions)						
14	Balance at beginning of next year (combine lines 7 through 13)	2,684,063.					

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.**Schedule J (Form 5471) (Rev. 12-2020)**

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Part I Accumulated E&P of Controlled Foreign Corporation (continued)

(e) Previously Taxed E&P (see instructions)					
	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP
1 a					
b					
c					
2 a					
b					
3					
4					
5 a					
b					
6					
7					
8					
9					
10					
11					
12					
13					
14					

(e) Previously Taxed E&P (see instructions)				(f)
	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))
1 a				-7,521,107.
b				
c				-7,521,107.
2 a				
b				
3				10,205,170.
4				
5 a				
b				
6				
7				2,684,063.
8				
9				
10				
11				
12				
13				
14				2,684,063.

Part II **Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))**

Important: Enter amounts in functional currency.

1	Balance at beginning of year	▶	1	
2	Additions (amounts subject to future recapture).	▶	2	
3	Subtractions (amounts recaptured in current year)	▶	3	
4	Balance at end of year (combine lines 1 through 3)	▶	4	

Schedule J (Form 5471) (Rev. 12-2020)

SCHEDULE M
(Form 5471)(Rev. December 2021)
Department of the Treasury
Internal Revenue Service**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

OMB No. 1545-0123

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471

Identifying number

Global Benefits Group Inc

20-3842750

Name of foreign corporation

EIN (if any)

Reference ID number (see instructions)

GBG PREMIER, S.A.DE.C.V (MEXICO)

00003

Important: Complete a **separate** Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

PESO

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.).					
4 Platform contribution transaction payments received					
5 Cost sharing transaction payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services . .					
7 Commissions received	-514,368.				
8 Rents, royalties, and license fees received					
9 Hybrid dividends received (see instructions)					
10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income)					
11 Interest received.					
12 Premiums received for insurance or reinsurance.					
13 Loan guarantee fees received .					
14 Other amounts received (attach statement)					
15 Add lines 1 through 14	-514,368.				
16 Purchases of stock in trade (inventory)					
17 Purchases of tangible property other than stock in trade. . . .					
18 Purchases of property rights (patents, trademarks, etc.) . . .					
19 Platform contribution transaction payments paid					
20 Cost sharing transaction payments paid .					
21 Compensation paid for technical, managerial, engineering, construction, or like services . .					
22 Commissions paid					
23 Rents, royalties, and license fees paid					
24 Hybrid dividends paid (see instructions)					
25 Dividends paid (exclude hybrid dividends paid)					
26 Interest paid					
27 Premiums paid for insurance or reinsurance					
28 Loan guarantee fees paid . . .					
29 Other amounts paid (attach statement). .					
30 Add lines 16 through 29. . . .					

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule M (Form 5471) (Rev. 12-2021)

Schedule M (Form 5471) (Rev. 12-2021)

Page 2

Name of person filing Form 5471

Identifying number

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
31 Accounts Payable	351,087.		273,695.		
32 Amounts borrowed (enter the maximum loan balance during the year) - see instructions					
33 Accounts Receivable					
34 Amounts loaned (enter the maximum loan balance during the year) - see instructions					

Schedule M (Form 5471) (Rev. 12-2021)

**SCHEDULE P
(Form 5471)**

(Rev. December 2020)

Department of the Treasury
Internal Revenue Service**Previously Taxed Earnings and Profits of U.S. Shareholder
of Certain Foreign Corporations**

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Global Benefits Group Inc

Name of U.S. shareholder

Global Benefits Group Inc

Name of foreign corporation

GBG PREMIER, S.A.DE.C.V (MEXICO)

EIN (if any)

Identifying number

20-3842750

Identifying number

20-3842750

Reference ID number (see instructions)

00003

a Separate Category (Enter code - see instructions.)

GEN

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)**Part I Previously Taxed E&P in Functional Currency** (see instructions)

		(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1a	Balance at beginning of year (see instructions)			
b	Beginning balance adjustments (attach statement)			
c	Adjusted beginning balance (combine lines 1a and 1b)			
2	Reduction for taxes unsuspended under anti-splitter rules			
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4	Previously taxed E&P carried over in nonrecognition transaction			
5	Other adjustments (attach statement)			
6	Total previously taxed E&P (combine lines 1c through 5)			
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8	Actual distributions of previously taxed E&P			
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11	Other adjustments (attach statement)			
12	Balance at beginning of next year (combine lines 6 through 11)			

For Paperwork Reduction Act Notice, see instructions.

Schedule P (Form 5471) (Rev. 12-2020)

Part I **Previously Taxed E&P in Functional Currency** (see instructions) *(continued)*

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Part II Previously Taxed E&P in U.S. Dollars

		(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1 a	Balance at beginning of year (see instructions)			
b	Beginning balance adjustments (attach statement)			
c	Adjusted beginning balance (combine lines 1a and 1b)			
2	Reduction for taxes unsuspended under anti-splitter rules			
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4	Previously taxed E&P carried over in nonrecognition transaction			
5	Other adjustments (attach statement)			
6	Total previously taxed E&P (combine lines 1c through 5)			
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8	Actual distributions of previously taxed E&P			
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11	Other adjustments (attach statement)			
12	Balance at beginning of next year (combine lines 6 through 11)			

Schedule P (Form 5471) (Rev. 12-2020)

Part II Previously Taxed E&P in U.S. Dollars *(continued)*

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Schedule P (Form 5471) (Rev. 12-2020)

SCHEDULE Q
(Form 5471)(Rev. December 2022)
Department of the Treasury
Internal Revenue Service**CFC Income by CFC Income Groups**

Attach to Form 5471.

Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

Global Benefits Group Inc

Identifying number

20-3842750

Name of foreign corporation

GBG PREMIER, S.A.DE.C.V (MEXICO)

EIN (if any)

Reference ID number (see instructions)

00003

Complete a separate Schedule Q with respect to each applicable category of income (see instructions).

A Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes) GEN**B** If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions)**C** If code "901j" is entered on line A, enter the country code for the sanctioned country (see instructions)

Complete a separate Schedule Q for U.S. source income and foreign source income (see instructions for an exception).

D Indicate whether this Schedule Q is being completed for: ☐ U.S. source income or ☒ Foreign source income

Complete a separate Schedule Q for FOGEI or FORI income.

E If this Schedule Q is being completed for FOGEI or FORI income, check this box ☐Enter amounts in functional currency
of the foreign corporation (unless
otherwise noted).

	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
1 Subpart F Income Groups							
a Dividends, Interest, Rents, Royalties, & Annuities (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
b Net Gain From Certain Property Transactions (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
c Net Gain From Commodities Transactions (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
d Net Foreign Currency Gain (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
e Income Equivalent to Interest (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
f Other							
(1) Unit name: _____							
(2) Unit name: _____							
g Foreign Base Company Sales Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							

Important: See **Computer-Generated Schedule Q** in instructions.

For Paperwork Reduction Act Notice, see instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

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Schedule Q (Form 5471) (Rev. 12-2022)

Page **2**

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
a									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
b									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
c									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
d									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
e									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
f									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
g									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		

Important: See **Computer-Generated Schedule Q** in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

Schedule Q (Form 5471) (Rev. 12-2022)

Page **3**

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).

	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
1 Subpart F Income Groups							
h Foreign Base Company Services Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
i Full Inclusion Foreign Base Company Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
j Insurance Income (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
k International Boycott Income							
l Bribes, Kickbacks, and Other Payments							
m Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)		10,454,277.					249,107.
(1) Unit name: Tested Income	MX	10,454,277.					249,107.
(2) Unit name: _____							
4 Residual Income Group (Total)							
(1) Unit name: _____							
(2) Unit name: _____							
5 Total		10,454,277.					249,107.

Important: See **Computer-Generated Schedule Q** in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

Schedule Q (Form 5471) (Rev. 12-2022)

Page **4**

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
h									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
i									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
j									
(1)							<input type="checkbox"/>		
(2)							<input type="checkbox"/>		
k									
l									
m									
2									
3				10,205,170.					10,205,170.
(1)				10,205,170.			<input type="checkbox"/>		10,205,170.
(2)							<input type="checkbox"/>		
4									
(1)									
(2)									
5				10,205,170.					10,205,170.

Important: See **Computer-Generated Schedule Q** in instructions.

Schedule Q (Form 5471) (Rev. 12-2022)

**SCHEDULE R
(Form 5471)**

(December 2020)
Department of the Treasury
Internal Revenue Service

Distributions From a Foreign Corporation

► Attach to Form 5471.

OMB No. 1545-0123

► Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471		Identifying number
Global Benefits Group Inc		20-3842750
Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
GBG PREMIER, S.A.DE.C.V (MEXICO)		00003

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	No Distributions	12/31/2022	NONE	NONE
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

Form 5471 (Rev. December 2022) Department of the Treasury Internal Revenue Service	Information Return of U.S. Persons With Respect to Certain Foreign Corporations Go to www.irs.gov/Form5471 for instructions and the latest information. Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 01/01/2022 , and ending 12/31/2022	OMB No. 1545-0123 Attachment Sequence No. 121

Name of person filing this return <u>Global Benefits Group Inc</u>	A Identifying number <u>20-3842750</u>
Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) <u>27051 Towne Centre Drive, #210</u>	B Category of filer (See instructions. Check applicable box(es).): 1a <input checked="" type="checkbox"/> 1b <input type="checkbox"/> 1c <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5a <input checked="" type="checkbox"/> 5b <input type="checkbox"/> 5c <input type="checkbox"/>
City or town, state, and ZIP code <u>FOOTHILL RANCH, CA 92610</u>	C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period _____ %
Filer's tax year beginning <u>01/01/2022</u> , and ending <u>12/31/2022</u>	
D Check box if this is a final Form 5471 for the foreign corporation <input type="checkbox"/>	
E Check if any excepted specified foreign financial assets are reported on this form (see instructions). <input type="checkbox"/>	
F Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40 <input type="checkbox"/>	
G If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions) _____	
H Person(s) on whose behalf this information return is filed:	

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director
GLOBAL BENEFITS GROUP, INC	27422 PORTOLA PARKWAY STE 110, FOOTHILL RANCH C	20-3842750	X		

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation <u>GBG PARAGUAY SOCIEDAD ANONIMA</u> <u>Pascual Toledo 4461</u> <u>, PA</u>				b(1) Employer identification number, if any b(2) Reference ID number (see instructions) <u>00006</u> c Country under whose laws incorporated <u>PA</u>	
d Date of incorporation <u>08/10/2018</u>	e Principal place of business <u>PA</u>	f Principal business activity code number <u>542410</u>	g Principal business activity <u>BROKERING & MANAGEMENT</u>	h Functional currency code <u>PYG</u>	

2 Provide the following information for the foreign corporation's accounting period stated above.							
a Name, address, and identifying number of branch office or agent (if any) in the United States		b If a U.S. income tax return was filed, enter: <table border="1" style="width:100%"><tr><td style="width:50%">(i) Taxable income or (loss)</td><td style="width:50%">(ii) U.S. income tax paid (after all credits)</td></tr><tr><td> </td><td> </td></tr></table>		(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)		
(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)						
c Name and address of foreign corporation's statutory or resident agent in country of incorporation		d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different					

Schedule A Stock of the Foreign Corporation		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	720.	720.

For Paperwork Reduction Act Notice, see instructions.

Form **5471** (Rev. 12-2022)

Form **5472**

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service**Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business**

(Under Sections 6038A and 6038C of the Internal Revenue Code)

Go to www.irs.gov/Form5472 for instructions and the latest information.For tax year of the reporting corporation beginning 01/01/2022, and ending 12/31/2022**Note:** Enter all information in English and money items in U.S. dollars.

OMB No. 1545-0123

Part I Reporting Corporation (see instructions). All reporting corporations must complete Part I.

1a Name of reporting corporation Global Benefits Group Inc Number, street, and room or suite no. (If a P.O. box, see instructions.) 27051 Towne Centre Drive, #210 City or town, state, and ZIP code (If a foreign address, see instructions.) FOOTHILL RANCH, CA 92610		1b Employer identification number 20-3842750	
1d Principal business activity BROKER		1e Principal business activity code 524210	
1f Total value of gross payments made or received reported on this Form 5472. See instructions. \$ 113,619,008.		1g Total number of Forms 5472 filed for the tax year 3	
1h Total value of gross payments made or received reported on all Forms 5472. See instructions. \$ 116,664,838.		1i Country of incorporation US	
1j Check here if this is a consolidated filing of Form 5472 <input checked="" type="checkbox"/> Stmt 51	1k Check here if this is the initial year for which the U.S. reporting corporation is filing a Form 5472 <input type="checkbox"/>	1l Total number of Parts VIII attached to Form 5472	
1m Date of incorporation	1n Country(ies) under whose laws the reporting corporation files an income tax return as a resident US	1o Principal country(ies) where business is conducted US	
2 Check here if, at any time during the tax year, any foreign person owned, directly or indirectly, at least 50% of (a) the total voting power of all classes of the stock of the reporting corporation entitled to vote, or (b) the total value of all classes of stock of the reporting corporation <input type="checkbox"/>			
3 Check here if the reporting corporation is a foreign-owned domestic disregarded entity (foreign-owned U.S. DE) treated as a corporation for purposes of section 6038A. See instructions <input type="checkbox"/>			

Part II 25% Foreign Shareholder (see instructions)Check here if any direct (or ultimate indirect) 25% foreign shareholder listed in Part II is a surrogate foreign corporation under section 7874(a)(2)(B). ☐

4a Name and address of direct 25% foreign shareholder GBG Insurance LIMITED LEVEL 5, MILL CT LA CHAROTERRIE ST PETER PORT, GK GY1 1LF		
4b(1) U.S. identifying number, if any 98-1289938	4b(2) Reference ID number (see instructions)	4b(3) Foreign taxpayer identification number (FTIN), if any (see instructions)
4c Principal country(ies) where business is conducted GK	4d Country of citizenship, organization, or incorporation GK	4e Country(ies) under whose laws the direct 25% foreign shareholder files an income tax return as a resident GK
5a Name and address of direct 25% foreign shareholder		
5b(1) U.S. identifying number, if any	5b(2) Reference ID number (see instructions)	5b(3) FTIN, if any (see instructions)
5c Principal country(ies) where business is conducted	5d Country of citizenship, organization, or incorporation	5e Country(ies) under whose laws the direct 25% foreign shareholder files an income tax return as a resident
6a Name and address of ultimate indirect 25% foreign shareholder GBGI LIMITED LEVEL 5, MILL CT LA CHAROTERRIE ST PETER PORT, GK GY1 1LF		
6b(1) U.S. identifying number, if any 98-1289939	6b(2) Reference ID number (see instructions) 0000001	6b(3) FTIN, if any (see instructions)
6c Principal country(ies) where business is conducted GK	6d Country of citizenship, organization, or incorporation GK	6e Country(ies) under whose laws the ultimate indirect 25% foreign shareholder files an income tax return as a resident GK
7a Name and address of ultimate indirect 25% foreign shareholder		
7b(1) U.S. identifying number, if any	7b(2) Reference ID number (see instructions)	7b(3) FTIN, if any (see instructions)
7c Principal country(ies) where business is conducted	7d Country of citizenship, organization, or incorporation	7e Country(ies) under whose laws the ultimate indirect 25% foreign shareholder files an income tax return as a resident

For Paperwork Reduction Act Notice, see instructions.

Form **5472** (Rev. 12-2022)

JSA

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Part III Related Party (see instructions). All reporting corporations must complete this question and the rest of Part III.
Check applicable box: Is the related party a ☒ foreign person or ☐ U.S. person?

8a Name and address of related party GBG Insurance Limited LEVEL 5 MILL CT. LA CHARROTERIE ST PETER PORT, GK GY1 1LF		
8b(1) U.S. identifying number, if any FOREIGNUS	8b(2) Reference ID number (see instructions) 51EJ	8b(3) FTIN, if any (see instructions)
8c Principal business activity INSURANCE		8d Principal business activity code 524140
8e Relationship - Check boxes that apply: <input type="checkbox"/> Related to reporting corporation <input type="checkbox"/> Related to 25% foreign shareholder <input checked="" type="checkbox"/> 25% foreign shareholder		
8f Principal country(ies) where business is conducted GK	8g Country(ies) under whose laws the related party files an income tax return as a resident GK	

Part IV Monetary Transactions Between Reporting Corporations and Foreign Related Party (see instructions)

Caution: Part IV must be completed if the "foreign person" box is checked in the heading for Part III.

If estimates are used, check here. ☐

See Statement 52

9 Sales of stock in trade (inventory)	9	
10 Sales of tangible property other than stock in trade	10	
11 Platform contribution transaction payments received	11	
12 Cost sharing transaction payments received	12	
13a Rents received (for other than intangible property rights)	13a	
b Royalties received (for other than intangible property rights)	13b	
14 Sales, leases, licenses, etc., of intangible property rights (for example, patents, trademarks, secret formulas)	14	
15 Consideration received for technical, managerial, engineering, construction, scientific, or like services	15	
16 Commissions received	16	
17 Amounts borrowed (see instructions) a Beginning balance 178,061,303. b Ending balance or monthly average	17b	76,295,785.
18 Interest received	18	
19 Premiums received for insurance or reinsurance	19	
20 Loan guarantee fees received	20	
21 Other amounts received (see instructions)	21	
22 Total. Combine amounts on lines 9 through 21	22	76,295,785.
23 Purchases of stock in trade (inventory)	23	
24 Purchases of tangible property other than stock in trade	24	
25 Platform contribution transaction payments paid	25	
26 Cost sharing transaction payments paid	26	
27a Rents paid (for other than intangible property rights)	27a	
b Royalties paid (for other than intangible property rights)	27b	
28 Purchases, leases, licenses, etc., of intangible property rights (for example, patents, trademarks, secret formulas)	28	
29 Consideration paid for technical, managerial, engineering, construction, scientific, or like services	29	
30 Commissions paid	30	32,181,790.
31 Amounts loaned (see instructions) a Beginning balance b Ending balance or monthly average	31b	
32 Interest paid	32	
33 Premiums paid for insurance or reinsurance	33	
34 Loan guarantee fees paid	34	
35 Other amounts paid (see instructions) See Statement 52	35	5,141,433.
36 Total. Combine amounts on lines 23 through 35	36	37,323,223.

Part V Reportable Transactions of a Reporting Corporation That Is a Foreign-Owned U.S. DE (see instructions)

Describe on an attached separate sheet any other transaction as defined by Regulations section 1.482-1(i)(7), such as amounts paid or received in connection with the formation, dissolution, acquisition, and disposition of the entity, including contributions to and distributions from the entity, and check here. ☐

Part VI Nonmonetary and Less-Than-Full Consideration Transactions Between the Reporting Corporation and the Foreign Related Party (see instructions)

Describe these transactions on an attached separate sheet and check here. ☐

Form 5472 (Rev. 12-2022)

Part VII Additional Information. All reporting corporations must complete Part VII.

- 37 Does the reporting corporation import goods from a foreign related party? ☐ Yes ☒ No
- 38a If "Yes," is the basis or inventory cost of the goods valued at greater than the customs value of the imported goods? ☐ Yes ☐ No
- b If "Yes," attach a statement explaining the reason or reasons for such difference.
- c If the answers to questions 37 and 38a are "Yes," were the documents used to support this treatment of the imported goods in existence and available in the United States at the time of filing Form 5472? ☐ Yes ☐ No
- 39 During the tax year, was the foreign parent corporation a participant in any cost sharing arrangement (CSA)? ☐ Yes ☒ No
- 40a During the tax year, did the reporting corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions ☐ Yes ☒ No
- b If "Yes," enter the total amount of the disallowed deductions \$
- 41a Is the reporting corporation claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transactions with the foreign corporation? If "Yes," complete lines 41b, 41c, and 41d. See instructions. ☐ Yes ☒ No
- b Enter the amount of gross receipts derived from all sales of general property to the foreign related party that the reporting corporation included in its computation of foreign-derived deduction eligible income (FDDEI). See instructions \$
- c Enter the amount of gross receipts derived from all sales of intangible property to the foreign related party that the reporting corporation included in its computation of FDDEI. See instructions \$
- d Enter the amount of gross receipts derived from all services provided to the foreign related party that the reporting corporation included in its computation of FDDEI. See instructions \$
- 42 Did the reporting corporation have any loan to or from the related party, to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of interest within the safe-haven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the relevant term)? ☐ Yes ☒ No
- 43a Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section 1.385-3) during the tax year or, during the period beginning 36 months before the date of the respective acquisition or distribution and ending 36 months afterward, did the reporting corporation issue or refinance indebtedness owed to a related party? ☐ Yes ☒ No
- b If the answer to question 43a is "Yes," provide the following.
- (1) The amount of such distribution(s) and acquisition(s) \$
- (2) The amount of such related party indebtedness \$

Part VIII Cost Sharing Arrangement (CSA)

Note: Complete a separate Part VIII for each CSA in which the reporting corporation was a participant during the tax year. Report all amounts in U.S. dollars. (See instructions.)

- 44 Provide a brief description of the CSA with respect to which this Part VIII is being completed.
- 45 During the course of the tax year, did the reporting corporation become a participant in the CSA? ☐ Yes ☐ No
- 46 Was the CSA in effect before January 5, 2009? ☐ Yes ☐ No
- 47 What was the reporting corporation's share of reasonably anticipated benefits for the CSA? %
- 48a Enter the total amount of stock-based compensation deductions claimed by the reporting corporation \$
- b Enter the total amount of deductions for the tax year for stock-based compensation that was granted during the term of the CSA and, at date of grant, is directly identified with, or reasonably allocable to, the intangible development activity under the CSA \$
- c Was there any stock-based compensation granted during the term of the CSA to individuals who performed functions in business activities that generate cost shared intangibles that was not treated as directly identified with, or reasonably allocable to, the intangible development activity? ☐ Yes ☐ No
- 49a Enter the total amount of intangible development costs for the CSA \$
- b Enter the amount of intangible development costs allocable to the reporting corporation based on the reporting corporation's reasonably anticipated benefits share \$

Part IX Base Erosion Payments and Base Erosion Tax Benefits Under Section 59A (see instructions)

- 50 Amounts defined as base erosion payments under section 59A(d) \$
- 51 Amount of base erosion tax benefits under section 59A(c)(2) \$
- 52 Amount of total qualified derivative payments as described in section 59A(h) made by the reporting corporation \$
- 53 Reserved for future use

Form 5472 (Rev. 12-2022)

Form **5472**

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service**Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business**

(Under Sections 6038A and 6038C of the Internal Revenue Code)

Go to www.irs.gov/Form5472 for instructions and the latest information.For tax year of the reporting corporation beginning 01/01/2022, and ending 12/31/2022**Note:** Enter all information in English and money items in U.S. dollars.

OMB No. 1545-0123

Part I Reporting Corporation (see instructions). All reporting corporations must complete Part I.

1a Name of reporting corporation <u>Global Benefits Group Inc</u> Number, street, and room or suite no. (If a P.O. box, see instructions.) <u>27051 Towne Centre Drive, #210</u> City or town, state, and ZIP code (If a foreign address, see instructions.) <u>FOOTHILL RANCH, CA 92610</u>		1b Employer identification number <u>20-3842750</u>	
1d Principal business activity <u>BROKER</u>		1e Principal business activity code <u>524210</u>	
1f Total value of gross payments made or received reported on this Form 5472. See instructions. \$ <u>147,277.</u>		1g Total number of Forms 5472 filed for the tax year <u>3</u>	
1h Total value of gross payments made or received reported on all Forms 5472. See instructions. \$ <u>116,664,838.</u>		1i Country of incorporation <u>US</u>	
1j Check here if this is a consolidated filing of Form 5472 <input checked="" type="checkbox"/> <u>Stmnt 53</u>	1k Check here if this is the initial year for which the U.S. reporting corporation is filing a Form 5472 <input type="checkbox"/>	1l Total number of Parts VIII attached to Form 5472	
1m Date of incorporation	1n Country(ies) under whose laws the reporting corporation files an income tax return as a resident <u>US</u>	1o Principal country(ies) where business is conducted <u>US</u>	
2 Check here if, at any time during the tax year, any foreign person owned, directly or indirectly, at least 50% of (a) the total voting power of all classes of the stock of the reporting corporation entitled to vote, or (b) the total value of all classes of stock of the reporting corporation <input type="checkbox"/>			
3 Check here if the reporting corporation is a foreign-owned domestic disregarded entity (foreign-owned U.S. DE) treated as a corporation for purposes of section 6038A. See instructions <input type="checkbox"/>			

Part II 25% Foreign Shareholder (see instructions)Check here if any direct (or ultimate indirect) 25% foreign shareholder listed in Part II is a surrogate foreign corporation under section 7874(a)(2)(B). ☐

4a Name and address of direct 25% foreign shareholder <u>GBG INSURANCE LIMITED</u> <u>LEVEL 5, MILL CT LA CHAROTERRIE ST PETER PORT, GK GY1-1LF</u>		
4b(1) U.S. identifying number, if any <u>98-1289938</u>	4b(2) Reference ID number (see instructions)	4b(3) Foreign taxpayer identification number (FTIN), if any (see instructions)
4c Principal country(ies) where business is conducted <u>GK</u>	4d Country of citizenship, organization, or incorporation <u>GK</u>	4e Country(ies) under whose laws the direct 25% foreign shareholder files an income tax return as a resident <u>GK</u>
5a Name and address of direct 25% foreign shareholder		
5b(1) U.S. identifying number, if any	5b(2) Reference ID number (see instructions)	5b(3) FTIN, if any (see instructions)
5c Principal country(ies) where business is conducted	5d Country of citizenship, organization, or incorporation	5e Country(ies) under whose laws the direct 25% foreign shareholder files an income tax return as a resident
6a Name and address of ultimate indirect 25% foreign shareholder <u>GBGI LIMITED</u> <u>LEVEL 5, MILL CT LA CHAROTERRIE ST PETER PORT, GK GY1 1LF</u>		
6b(1) U.S. identifying number, if any <u>98-1289939</u>	6b(2) Reference ID number (see instructions) <u>0000001</u>	6b(3) FTIN, if any (see instructions)
6c Principal country(ies) where business is conducted <u>GK</u>	6d Country of citizenship, organization, or incorporation <u>GK</u>	6e Country(ies) under whose laws the ultimate indirect 25% foreign shareholder files an income tax return as a resident <u>GK</u>
7a Name and address of ultimate indirect 25% foreign shareholder		
7b(1) U.S. identifying number, if any	7b(2) Reference ID number (see instructions)	7b(3) FTIN, if any (see instructions)
7c Principal country(ies) where business is conducted	7d Country of citizenship, organization, or incorporation	7e Country(ies) under whose laws the ultimate indirect 25% foreign shareholder files an income tax return as a resident

For Paperwork Reduction Act Notice, see instructions.

Form **5472** (Rev. 12-2022)

JSA

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Part III Related Party (see instructions). All reporting corporations must complete this question and the rest of Part III.
Check applicable box: Is the related party a ☒ foreign person or ☐ U.S. person?

8a Name and address of related party Global Benefits Europe B.V. 1-4 BURY ST. LONDON, UK EC34 5AW		
8b(1) U.S. identifying number, if any FOREIGNUS	8b(2) Reference ID number (see instructions) 14EC345AW	8b(3) FTIN, if any (see instructions)
8c Principal business activity Broker		8d Principal business activity code 524210
8e Relationship - Check boxes that apply: <input type="checkbox"/> Related to reporting corporation <input type="checkbox"/> Related to 25% foreign shareholder <input checked="" type="checkbox"/> 25% foreign shareholder		
8f Principal country(ies) where business is conducted UK		8g Country(ies) under whose laws the related party files an income tax return as a resident UK

Part IV Monetary Transactions Between Reporting Corporations and Foreign Related Party (see instructions)

Caution: Part IV must be completed if the "foreign person" box is checked in the heading for Part III.

If estimates are used, check here. ☐

See Statement 54

9 Sales of stock in trade (inventory)	9	
10 Sales of tangible property other than stock in trade	10	
11 Platform contribution transaction payments received	11	
12 Cost sharing transaction payments received	12	
13a Rents received (for other than intangible property rights)	13a	
b Royalties received (for other than intangible property rights)	13b	
14 Sales, leases, licenses, etc., of intangible property rights (for example, patents, trademarks, secret formulas)	14	
15 Consideration received for technical, managerial, engineering, construction, scientific, or like services	15	
16 Commissions received	16	
17 Amounts borrowed (see instructions) a Beginning balance NONE b Ending balance or monthly average	17b	147,277.
18 Interest received	18	
19 Premiums received for insurance or reinsurance	19	
20 Loan guarantee fees received	20	
21 Other amounts received (see instructions)	21	
22 Total. Combine amounts on lines 9 through 21	22	147,277.
23 Purchases of stock in trade (inventory)	23	
24 Purchases of tangible property other than stock in trade	24	
25 Platform contribution transaction payments paid	25	
26 Cost sharing transaction payments paid	26	
27a Rents paid (for other than intangible property rights)	27a	
b Royalties paid (for other than intangible property rights)	27b	
28 Purchases, leases, licenses, etc., of intangible property rights (for example, patents, trademarks, secret formulas)	28	
29 Consideration paid for technical, managerial, engineering, construction, scientific, or like services	29	
30 Commissions paid	30	
31 Amounts loaned (see instructions) a Beginning balance 23,618,100. b Ending balance or monthly average	31b	NONE
32 Interest paid	32	
33 Premiums paid for insurance or reinsurance	33	
34 Loan guarantee fees paid	34	
35 Other amounts paid (see instructions)	35	
36 Total. Combine amounts on lines 23 through 35	36	NONE

Part V Reportable Transactions of a Reporting Corporation That Is a Foreign-Owned U.S. DE (see instructions)

Describe on an attached separate sheet any other transaction as defined by Regulations section 1.482-1(i)(7), such as amounts paid or received in connection with the formation, dissolution, acquisition, and disposition of the entity, including contributions to and distributions from the entity, and check here. ☐

Part VI Nonmonetary and Less-Than-Full Consideration Transactions Between the Reporting Corporation and the Foreign Related Party (see instructions)

Describe these transactions on an attached separate sheet and check here. ☐

Part VII Additional Information. All reporting corporations must complete Part VII.

37 Does the reporting corporation import goods from a foreign related party? ☐ Yes ☒ No

38a If "Yes," is the basis or inventory cost of the goods valued at greater than the customs value of the imported goods? ☐ Yes ☐ No

b If "Yes," attach a statement explaining the reason or reasons for such difference.

c If the answers to questions 37 and 38a are "Yes," were the documents used to support this treatment of the imported goods in existence and available in the United States at the time of filing Form 5472? ☐ Yes ☐ No

39 During the tax year, was the foreign parent corporation a participant in any cost sharing arrangement (CSA)? ☐ Yes ☒ No

40a During the tax year, did the reporting corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions ☐ Yes ☒ No

b If "Yes," enter the total amount of the disallowed deductions \$ _____

41a Is the reporting corporation claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transactions with the foreign corporation? If "Yes," complete lines 41b, 41c, and 41d. See instructions. ☐ Yes ☒ No

b Enter the amount of gross receipts derived from all sales of general property to the foreign related party that the reporting corporation included in its computation of foreign-derived deduction eligible income (FDDEI). See instructions \$ _____

c Enter the amount of gross receipts derived from all sales of intangible property to the foreign related party that the reporting corporation included in its computation of FDDEI. See instructions \$ _____

d Enter the amount of gross receipts derived from all services provided to the foreign related party that the reporting corporation included in its computation of FDDEI. See instructions \$ _____

42 Did the reporting corporation have any loan to or from the related party, to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of interest within the safe-haven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the relevant term)? ☐ Yes ☒ No

43a Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section 1.385-3) during the tax year or, during the period beginning 36 months before the date of the respective acquisition or distribution and ending 36 months afterward, did the reporting corporation issue or refinance indebtedness owed to a related party? ☐ Yes ☒ No

b If the answer to question 43a is "Yes," provide the following.

(1) The amount of such distribution(s) and acquisition(s) \$ _____

(2) The amount of such related party indebtedness \$ _____

Part VIII Cost Sharing Arrangement (CSA)

Note: Complete a separate Part VIII for each CSA in which the reporting corporation was a participant during the tax year. Report all amounts in U.S. dollars. (See instructions.)

44 Provide a brief description of the CSA with respect to which this Part VIII is being completed.

45 During the course of the tax year, did the reporting corporation become a participant in the CSA? ☐ Yes ☐ No

46 Was the CSA in effect before January 5, 2009? ☐ Yes ☐ No

47 What was the reporting corporation's share of reasonably anticipated benefits for the CSA? _____ %

48a Enter the total amount of stock-based compensation deductions claimed by the reporting corporation \$ _____

b Enter the total amount of deductions for the tax year for stock-based compensation that was granted during the term of the CSA and, at date of grant, is directly identified with, or reasonably allocable to, the intangible development activity under the CSA \$ _____

c Was there any stock-based compensation granted during the term of the CSA to individuals who performed functions in business activities that generate cost shared intangibles that was not treated as directly identified with, or reasonably allocable to, the intangible development activity? ☐ Yes ☐ No

49a Enter the total amount of intangible development costs for the CSA \$ _____

b Enter the amount of intangible development costs allocable to the reporting corporation based on the reporting corporation's reasonably anticipated benefits share \$ _____

Part IX Base Erosion Payments and Base Erosion Tax Benefits Under Section 59A (see instructions)

50 Amounts defined as base erosion payments under section 59A(d) \$ _____

51 Amount of base erosion tax benefits under section 59A(c)(2) \$ _____

52 Amount of total qualified derivative payments as described in section 59A(h) made by the reporting corporation \$ _____

53 Reserved for future use ☐

Form **5472**

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service**Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business**
(Under Sections 6038A and 6038C of the Internal Revenue Code)Go to www.irs.gov/Form5472 for instructions and the latest information.For tax year of the reporting corporation beginning 01/01/2022, and ending 12/31/2022**Note:** Enter all information in English and money items in U.S. dollars.

OMB No. 1545-0123

Part I Reporting Corporation (see instructions). All reporting corporations must complete Part I.

1a Name of reporting corporation Global Benefits Group Inc Number, street, and room or suite no. (If a P.O. box, see instructions.) 27051 Towne Centre Drive, #210 City or town, state, and ZIP code (If a foreign address, see instructions.) FOOTHILL RANCH, CA 92610		1b Employer identification number 20-3842750	
1d Principal business activity BROKER		1e Principal business activity code 524210	
1f Total value of gross payments made or received reported on this Form 5472. See instructions. \$ 2,898,553.		1g Total number of Forms 5472 filed for the tax year 3	
1h Total value of gross payments made or received reported on all Forms 5472. See instructions. \$ 116,664,838.		1i Country of incorporation US	
1j Check here if this is a consolidated filing of Form 5472 <input checked="" type="checkbox"/> Stmt 55	1k Check here if this is the initial year for which the U.S. reporting corporation is filing a Form 5472 <input type="checkbox"/>	1l Total number of Parts VIII attached to Form 5472	
1m Date of incorporation	1n Country(ies) under whose laws the reporting corporation files an income tax return as a resident US	1o Principal country(ies) where business is conducted US	
2 Check here if, at any time during the tax year, any foreign person owned, directly or indirectly, at least 50% of (a) the total voting power of all classes of the stock of the reporting corporation entitled to vote, or (b) the total value of all classes of stock of the reporting corporation <input type="checkbox"/>			
3 Check here if the reporting corporation is a foreign-owned domestic disregarded entity (foreign-owned U.S. DE) treated as a corporation for purposes of section 6038A. See instructions <input type="checkbox"/>			

Part II 25% Foreign Shareholder (see instructions)Check here if any direct (or ultimate indirect) 25% foreign shareholder listed in Part II is a surrogate foreign corporation under section 7874(a)(2)(B). ☐

4a Name and address of direct 25% foreign shareholder GBG INSURANCE LIMITED LEVEL 5, MILL CT LA CHAROTERRIE ST PETER PORT, GK GY1-1LF		
4b(1) U.S. identifying number, if any 98-1289938	4b(2) Reference ID number (see instructions)	4b(3) Foreign taxpayer identification number (FTIN), if any (see instructions)
4c Principal country(ies) where business is conducted GK	4d Country of citizenship, organization, or incorporation GK	4e Country(ies) under whose laws the direct 25% foreign shareholder files an income tax return as a resident GK
5a Name and address of direct 25% foreign shareholder		
5b(1) U.S. identifying number, if any	5b(2) Reference ID number (see instructions)	5b(3) FTIN, if any (see instructions)
5c Principal country(ies) where business is conducted	5d Country of citizenship, organization, or incorporation	5e Country(ies) under whose laws the direct 25% foreign shareholder files an income tax return as a resident
6a Name and address of ultimate indirect 25% foreign shareholder GBGI LIMITED LEVEL 5, MILL CT LA CHAROTERRIE ST PETER PORT, GK GY1 1LP		
6b(1) U.S. identifying number, if any 98-1289939	6b(2) Reference ID number (see instructions) 0000001	6b(3) FTIN, if any (see instructions)
6c Principal country(ies) where business is conducted GK	6d Country of citizenship, organization, or incorporation GK	6e Country(ies) under whose laws the ultimate indirect 25% foreign shareholder files an income tax return as a resident GK
7a Name and address of ultimate indirect 25% foreign shareholder		
7b(1) U.S. identifying number, if any	7b(2) Reference ID number (see instructions)	7b(3) FTIN, if any (see instructions)
7c Principal country(ies) where business is conducted	7d Country of citizenship, organization, or incorporation	7e Country(ies) under whose laws the ultimate indirect 25% foreign shareholder files an income tax return as a resident

For Paperwork Reduction Act Notice, see instructions.

Form **5472** (Rev. 12-2022)

JSA

2C2820 1.000

0001WA X45R

Part III **Related Party** (see instructions). All reporting corporations must complete this question and the rest of Part III.
Check applicable box: Is the related party a ☒ foreign person or ☐ U.S. person?

8a Name and address of related party GBGI Limited
LEVEL 5, MILL CT LA CHAROTERRIE ST PETER PORT, GK GY1 1LF

8b(1) U.S. identifying number, if any FOREIGNUS
8b(2) Reference ID number (see instructions) 0000001
8b(3) FTIN, if any (see instructions)

8c Principal business activity HOLDING COMPANY
8d Principal business activity code 551112

8e Relationship - Check boxes that apply: ☐ Related to reporting corporation ☐ Related to 25% foreign shareholder ☒ 25% foreign shareholder

8f Principal country(ies) where business is conducted GK
8g Country(ies) under whose laws the related party files an income tax return as a resident GK

Part IV **Monetary Transactions Between Reporting Corporations and Foreign Related Party** (see instructions)
Caution: Part IV must be completed if the "foreign person" box is checked in the heading for Part III.
If estimates are used, check here. ☐ See Statement 56

9	Sales of stock in trade (inventory)	9	
10	Sales of tangible property other than stock in trade	10	
11	Platform contribution transaction payments received	11	
12	Cost sharing transaction payments received	12	
13a	Rents received (for other than intangible property rights)	13a	
b	Royalties received (for other than intangible property rights)	13b	
14	Sales, leases, licenses, etc., of intangible property rights (for example, patents, trademarks, secret formulas)	14	
15	Consideration received for technical, managerial, engineering, construction, scientific, or like services	15	
16	Commissions received	16	
17	Amounts borrowed (see instructions) a Beginning balance b Ending balance or monthly average	17b	
18	Interest received	18	
19	Premiums received for insurance or reinsurance	19	
20	Loan guarantee fees received	20	
21	Other amounts received (see instructions)	21	
22	Total. Combine amounts on lines 9 through 21	22	
23	Purchases of stock in trade (inventory)	23	
24	Purchases of tangible property other than stock in trade	24	
25	Platform contribution transaction payments paid	25	
26	Cost sharing transaction payments paid	26	
27a	Rents paid (for other than intangible property rights)	27a	
b	Royalties paid (for other than intangible property rights)	27b	
28	Purchases, leases, licenses, etc., of intangible property rights (for example, patents, trademarks, secret formulas)	28	
29	Consideration paid for technical, managerial, engineering, construction, scientific, or like services	29	
30	Commissions paid	30	
31	Amounts loaned (see instructions) a Beginning balance b Ending balance or monthly average	31b	2,041,647.
32	Interest paid	32	
33	Premiums paid for insurance or reinsurance	33	
34	Loan guarantee fees paid	34	
35	Other amounts paid (see instructions) See Statement 56	35	856,906.
36	Total. Combine amounts on lines 23 through 35	36	2,898,553.

Part V **Reportable Transactions of a Reporting Corporation That Is a Foreign-Owned U.S. DE** (see instructions)
Describe on an attached separate sheet any other transaction as defined by Regulations section 1.482-1(i)(7), such as amounts paid or received in connection with the formation, dissolution, acquisition, and disposition of the entity, including contributions to and distributions from the entity, and check here. ☐

Part VI **Nonmonetary and Less-Than-Full Consideration Transactions Between the Reporting Corporation and the Foreign Related Party** (see instructions)
Describe these transactions on an attached separate sheet and check here. ☐

Part VII Additional Information. All reporting corporations must complete Part VII.

37 Does the reporting corporation import goods from a foreign related party? ☐ Yes ☒ No

38a If "Yes," is the basis or inventory cost of the goods valued at greater than the customs value of the imported goods? ☐ Yes ☐ No

b If "Yes," attach a statement explaining the reason or reasons for such difference.

c If the answers to questions 37 and 38a are "Yes," were the documents used to support this treatment of the imported goods in existence and available in the United States at the time of filing Form 5472? ☐ Yes ☐ No

39 During the tax year, was the foreign parent corporation a participant in any cost sharing arrangement (CSA)? ☐ Yes ☒ No

40a During the tax year, did the reporting corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions ☐ Yes ☒ No

b If "Yes," enter the total amount of the disallowed deductions \$

41a Is the reporting corporation claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transactions with the foreign corporation? If "Yes," complete lines 41b, 41c, and 41d. See instructions. ☐ Yes ☒ No

b Enter the amount of gross receipts derived from all sales of general property to the foreign related party that the reporting corporation included in its computation of foreign-derived deduction eligible income (FDDEI). See instructions \$

c Enter the amount of gross receipts derived from all sales of intangible property to the foreign related party that the reporting corporation included in its computation of FDDEI. See instructions \$

d Enter the amount of gross receipts derived from all services provided to the foreign related party that the reporting corporation included in its computation of FDDEI. See instructions \$

42 Did the reporting corporation have any loan to or from the related party, to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of interest within the safe-haven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the relevant term)? ☐ Yes ☒ No

43a Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section 1.385-3) during the tax year or, during the period beginning 36 months before the date of the respective acquisition or distribution and ending 36 months afterward, did the reporting corporation issue or refinance indebtedness owed to a related party? ☐ Yes ☒ No

b If the answer to question 43a is "Yes," provide the following.

(1) The amount of such distribution(s) and acquisition(s) \$

(2) The amount of such related party indebtedness \$

Part VIII Cost Sharing Arrangement (CSA)

Note: Complete a separate Part VIII for each CSA in which the reporting corporation was a participant during the tax year. Report all amounts in U.S. dollars. (See instructions.)

44 Provide a brief description of the CSA with respect to which this Part VIII is being completed.

45 During the course of the tax year, did the reporting corporation become a participant in the CSA? ☐ Yes ☐ No

46 Was the CSA in effect before January 5, 2009? ☐ Yes ☐ No

47 What was the reporting corporation's share of reasonably anticipated benefits for the CSA? %

48a Enter the total amount of stock-based compensation deductions claimed by the reporting corporation \$

b Enter the total amount of deductions for the tax year for stock-based compensation that was granted during the term of the CSA and, at date of grant, is directly identified with, or reasonably allocable to, the intangible development activity under the CSA \$

c Was there any stock-based compensation granted during the term of the CSA to individuals who performed functions in business activities that generate cost shared intangibles that was not treated as directly identified with, or reasonably allocable to, the intangible development activity? ☐ Yes ☐ No

49a Enter the total amount of intangible development costs for the CSA \$

b Enter the amount of intangible development costs allocable to the reporting corporation based on the reporting corporation's reasonably anticipated benefits share \$

Part IX Base Erosion Payments and Base Erosion Tax Benefits Under Section 59A (see instructions)

50 Amounts defined as base erosion payments under section 59A(d) \$

51 Amount of base erosion tax benefits under section 59A(c)(2) \$

52 Amount of total qualified derivative payments as described in section 59A(h) made by the reporting corporation \$

53 Reserved for future use

Form **8992**(Rev. December 2022)
Department of the Treasury
Internal Revenue Service**U.S. Shareholder Calculation of Global Intangible
Low-Taxed Income (GILTI)**Go to www.irs.gov/Form8992 for instructions and the latest information.

OMB No. 1545-0123

Attachment
Sequence No. **992**

Name of person filing this return

Global Benefits Group Inc and Subs

A Identifying number

20-3842750

Name of U.S. shareholder

B Identifying number

Part I Net Controlled Foreign Corporation (CFC) Tested Income

1	Sum of Pro Rata Share of Net Tested Income If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Schedule A (Form 8992), line 1, column (e). If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (c), that pertains to the U.S. shareholder.	1	852,451.
2	Sum of Pro Rata Share of Net Tested Loss If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Schedule A (Form 8992), line 1, column (f). If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (f), that pertains to the U.S. shareholder.	2	(495,251.)
3	Net CFC Tested Income. Combine lines 1 and 2. If zero or less, stop here.	3	357,200.

Part II Calculation of Global Intangible Low-Taxed Income (GILTI)

1	Net CFC Tested Income. Enter amount from Part I, line 3	1	357,200.
2	Deemed Tangible Income Return (DTIR) If the U.S. shareholder is not a member of a U.S. consolidated group, multiply the total from Schedule A (Form 8992), line 1, column (g), by 10% (0.10). If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (i), that pertains to the U.S. shareholder.	2	
3a	Sum of Pro Rata Share of Tested Interest Expense If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Schedule A (Form 8992), line 1, column (j). If the U.S. shareholder is a member of a U.S. consolidated group, leave line 3a blank.	3a	
b	Sum of Pro Rata Share of Tested Interest Income If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Schedule A (Form 8992), line 1, column (i). If the U.S. shareholder is a member of a U.S. consolidated group, leave line 3b blank.	3b	
c	Specified Interest Expense If the U.S. shareholder is not a member of a U.S. consolidated group, subtract line 3b from line 3a. If zero or less, enter -0-. If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (m), that pertains to the U.S. shareholder.	3c	NONE
4	Net DTIR. Subtract line 3c from line 2. If zero or less, enter -0-	4	
5	GILTI. Subtract line 4 from line 1. If zero or less, enter -0-	5	357,200.

For Paperwork Reduction Act Notice, see separate instructions.

Form **8992** (Rev. 12-2022)

SCHEDULE B
(Form 8992)
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

**Calculation of Global Intangible Low-Taxed Income (GILTI) for Members of a
U.S. Consolidated Group Who Are U.S. Shareholders of a CFC**

OMB No. 1545-0123

Go to www.irs.gov/Form8992 for instructions and the latest information.

Important: See instructions before completing this Schedule B.

Name of U.S. parent corporation

Employer identification number

Global Benefits Group Inc

20-3842750

Part I CFC-Level Reporting of Amounts From Schedule I-1 (Form 5471) and U.S. Shareholder-Level Reporting of CFC Items

(a) Name of CFC	(b) EIN or Reference ID	(c) Name of U.S. Shareholder	(d) EIN	(e) Tested Income	(f) Tested Loss	(g) Pro Rata Share of Tested Income	(h) Pro Rata Share of Tested Loss
SHANGHAI (GBG) ENTERPRISE MANAGEMENT C		Global Benefits Group Inc	20-3842750		()		()
GBG SERVICES (INDIA) PRIVATE LIMITED		Global Benefits Group Inc	20-3842750	105,270.	()		()
GLOBAL BENEFITS GROUP CANADA LTD.	98-1016850	Global Benefits Group Inc	20-3842750		(78,962.)		()
GLOBAL BENEFITS GROUP PROCESSING PHIL		Global Benefits Group Inc	20-3842750	104,105.	()		()
GLOBAL BENEFITS GROUP (UK) LIMITED		Global Benefits Group Inc	20-3842750		(416,288.)		()
GBG ELITE MEDICAL SERVICES, S.A. DE C		Global Benefits Group Inc	20-3842750	164,623.	()		()
GBG PREMIER, S.A.DE.C.V (MEXICO)		Global Benefits Group Inc	20-3842750		()		()
GBG PARAGUAY SOCIEDAD ANONIMA		Global Benefits Group Inc	20-3842750		()		()
					()		()
					()		()
					()		()
					()		()
					()		()
					()		()
					()		()
					()		()
1. Totals (see instructions)				373,998.	(495,250.)		()

Important: See **Computer-Generated Schedule B** in the Instructions for Form 8992.

For Paperwork Reduction Act Notice, see the Instructions for Form 8992.

Schedule B (Form 8992) (Rev. 12-2022)

Part I CFC-Level Reporting of Amounts From Schedule I-1 (Form 5471) and U.S. Shareholder-Level Reporting of CFC Items (continued)

	(i) Pro Rata Share of QBAI	(j) Pro Rata Share of Tested Loss QBAI Amount	(k) Tested Interest Expense	(l) Pro Rata Share of Tested Interest Expense	(m) Tested Interest Income	(n) Pro Rata Share of Tested Interest Income	GILTI Allocated to Tested Income CFCs (see instructions)	
							(o) GILTI Allocation Ratio (see instructions)	(p) GILTI Allocated to Tested Income CFCs (see instructions)
		()						NONE
		()			1,526.			NONE
		()						NONE
		()			137.			NONE
		()						NONE
		()						NONE
		()						NONE
		()						NONE
		()						
		()						
		()						
		()						
		()						
		()						
		()						
1. Totals (see instructions)		()			1,663.			NONE

Schedule B (Form 8992) (Rev. 12-2022)

Part II U.S. Shareholder-Level Calculations

2. Totals (see instructions)	852,451.	1.0000	(495,251.)	(495,251.)
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Schedule B (Form 8992) (Rev. 12-2022)

Part II U.S. Shareholder-Level Calculations *(continued)*

	(g) Consolidated QBAI	(h) Allocable Share of Consolidated QBAI	(i) Deemed Tangible Income Return (DTIR)	(j) Consolidated Tested Interest Expense	(k) Consolidated Tested Interest Income	(l) Consolidated Specified Interest Expense	(m) Allocable Share of Consolidated Specified Interest Expense
							NONE
2. Totals (see instructions)							NONE

Form **8916-A****Supplemental Attachment to Schedule M-3**(Rev. November 2019)
Department of the Treasury
Internal Revenue Service▶ **Attach to Schedule M-3 for Form 1065, 1120, 1120-L, 1120-PC, or 1120-S.**
▶ **Go to www.irs.gov/Form1120 for the latest information.**

OMB No. 1545-0123

Name of common parent
Global Benefits Group IncEmployer identification number
20-3842750

Name of subsidiary

Employer identification number

Part I Cost of Goods Sold

Cost of Goods Sold Items	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1 Amounts attributable to cost flow assumptions				
2 Amounts attributable to:				
a Stock option expense				
b Other equity-based compensation				
c Meals and entertainment				
d Parachute payments				
e Compensation with section 162(m) limitation				
f Pension and profit sharing				
g Other post-retirement benefits				
h Deferred compensation				
i Reserved				
j Amortization				
k Depletion				
l Depreciation				
m Corporate-owned life insurance premiums				
n Other section 263A costs				
3 Inventory shrinkage accruals				
4 Excess inventory and obsolescence reserves				
5 Lower of cost or market write-downs				
6 Other items with differences (attach statement).				
7 Other items with no differences				
8 Total cost of goods sold. Add lines 1 through 7 in columns a, b, c, and d. Enter totals on the applicable Schedule M-3. See instructions				

For Paperwork Reduction Act Notice, see instructions.

Form **8916-A** (Rev. 11-2019)

Part II Interest Income

	Interest Income Item	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
1	Tax-exempt interest income				
2	Interest income from hybrid securities				
3	Sale/lease interest income				
4a	Intercompany interest income - From outside tax affiliated group				
4b	Intercompany interest income - From tax affiliated group				
5	Other interest income				
6	Total interest income. Add lines 1 through 5 in columns a, b, c, and d. Enter total on the applicable Schedule M-3. See instructions.				

Part III Interest Expense

	Interest Expense Item	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1	Interest expense from hybrid securities				
2	Lease/purchase interest expense				
3a	Intercompany interest expense - Paid to outside tax affiliated group				
3b	Intercompany interest expense - Paid to tax affiliated group				
4	Other interest expense	Stmt 58 180,082.			180,082.
5	Total interest expense. Add lines 1 through 4 in columns a, b, c, and d. Enter total on the applicable Schedule M-3. See instructions.	180,082.			180,082.

Form **8916-A** (Rev. 11-2019)

Form **8916-A****Supplemental Attachment to Schedule M-3**(Rev. November 2019)
Department of the Treasury
Internal Revenue Service▶ **Attach to Schedule M-3 for Form 1065, 1120, 1120-L, 1120-PC, or 1120-S.**
▶ **Go to www.irs.gov/Form1120 for the latest information.**

OMB No. 1545-0123

Name of common parent

Global Benefits Group Inc

Employer identification number

20-3842750

Name of subsidiary

GBG Assist, Inc.

Employer identification number

37-1797452

Part I Cost of Goods Sold

Cost of Goods Sold Items	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1 Amounts attributable to cost flow assumptions				
2 Amounts attributable to:				
a Stock option expense				
b Other equity-based compensation				
c Meals and entertainment				
d Parachute payments				
e Compensation with section 162(m) limitation				
f Pension and profit sharing				
g Other post-retirement benefits				
h Deferred compensation				
i Reserved				
j Amortization				
k Depletion				
l Depreciation				
m Corporate-owned life insurance premiums				
n Other section 263A costs				
3 Inventory shrinkage accruals				
4 Excess inventory and obsolescence reserves				
5 Lower of cost or market write-downs				
6 Other items with differences (attach statement).				
7 Other items with no differences				
8 Total cost of goods sold. Add lines 1 through 7 in columns a, b, c, and d. Enter totals on the applicable Schedule M-3. See instructions				

For Paperwork Reduction Act Notice, see instructions.

Form **8916-A** (Rev. 11-2019)

Part II Interest Income

	Interest Income Item	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
1	Tax-exempt interest income				
2	Interest income from hybrid securities				
3	Sale/lease interest income				
4a	Intercompany interest income - From outside tax affiliated group				
4b	Intercompany interest income - From tax affiliated group				
5	Other interest income				
6	Total interest income. Add lines 1 through 5 in columns a, b, c, and d. Enter total on the applicable Schedule M-3. See instructions.				

Part III Interest Expense

	Interest Expense Item	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1	Interest expense from hybrid securities				
2	Lease/purchase interest expense				
3a	Intercompany interest expense - Paid to outside tax affiliated group				
3b	Intercompany interest expense - Paid to tax affiliated group				
4	Other interest expense	180,082.			180,082.
5	Total interest expense. Add lines 1 through 4 in columns a, b, c, and d. Enter total on the applicable Schedule M-3. See instructions.	180,082.			180,082.

Form **8916-A** (Rev. 11-2019)

2022 Depreciation

Description of Property															
General Depreciation and Amortization															
Asset description	Date placed in service	Unadjusted cost or basis	Bus. %	179 exp. reduc. in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Method	Convention	Life	ACRS class	MA CRS class	Current -yr 179 expense	Current-year depreciation
2-FYE June Equip	01/01/2017	94,553.	100.		47,277.	47,276.	41,137.	46,928.	150 DB	HY			7		5,791.
3-FYE June 2017 Equi	01/01/2017	23,709.	100.		11,855.	11,854.	10,314.	11,766.	150 DB	HY			7		1,452.
4-FYE June 2017 F&F	01/01/2017	36,462.	100.		18,231.	18,231.	15,863.	18,096.	150 DB	HY			7		2,233.
21-FYE June 2014 F&F	12/31/2013	112,931.	100.		56,466.	56,465.	54,887.	54,887.	150 DB	HY			7		
22-FYE June 2014 Equ	01/01/2014	82,773.	100.		41,837.	40,936.	40,936.	40,936.	150 DB	HY			7		
23-FYE June 2014 F&F	01/01/2014	40,627.	100.		20,314.	20,313.	20,313.	20,313.	150 DB	HY			7		
24-FYE June 2015 F&F	01/01/2015	74,503.	100.		37,252.	37,251.	37,251.	37,251.	150 DB	HY			7		
25-FYE June 2016 F&F	01/01/2016	27,722.	100.		13,861.	13,861.	13,545.	13,861.	150 DB	HY			7		316.
26-FYE LHI	02/02/2015	43,343.	100.			43,343.	7,641.	8,752.	S/L	MM			39		1,111.
27-FYE June 2016 LHI	01/01/2016	126,756.	100.			126,756.	19,365.	22,615.	S/L	MM			39		3,250.
37-FYE June 2014 Equ	12/31/2013	16,625.	100.		8,313.	8,312.	8,080.	8,080.	150 DB	HY			7		
38-FYE June 2015 Equ	12/31/2014	13,500.	100.		6,750.	6,750.	6,750.	6,750.	150 DB	HY			7		
39-FYE June 2015 Equ	01/01/2015	60,729.	100.		30,365.	30,364.	30,364.	30,364.	150 DB	HY			7		
40-FYE June 2016 Equ	01/01/2016	371,366.	100.		185,683.	185,683.	181,460.	185,683.	150 DB	HY			7		4,223.
89-Miami LHI	01/17/2018	22,520.	100.			22,520.	2,285.	2,862.	S/L	MM			39		577.
90-Miami LHI	06/19/2018	19,863.	100.			19,863.	1,803.	2,312.	S/L	MM			39		509.
57-software	12/31/2017	3,852,158.	100.			3,852,158.	3,852,158.	3,852,158.	S/L	S/L	3.000				
58-software	12/31/2018	115,680.	100.			115,680.	115,680.	115,680.	S/L	S/L	3.000				
137-CDW Direct Vern	12/20/2019	33,800.	100.			33,800.	22,534.	33,800.	S/L	S/L	3.000				11,266.
139-Actisure	04/01/2019	6,311,633.	100.			6,311,633.	5,785,664.	6,311,633.	S/L	S/L	3.000				525,969.
140-Archer 2.0	04/01/2019	395,350.	100.			395,350.	362,404.	395,350.	S/L	S/L	3.000				32,946.
141-Aug-Sept Laptop	09/23/2019	7,456.	100.			7,456.	5,591.	7,456.	S/L	S/L	3.000				1,865.
142-Dell.com	12/20/2019	2,483.	100.			2,483.	1,656.	2,483.	S/L	S/L	3.000				827.
143-Dell.com	12/26/2019	9,185.	100.			9,185.	6,124.	9,185.	S/L	S/L	3.000				3,061.
144-Student Waiver	12/31/2019	15,000.	100.			15,000.	10,000.	15,000.	S/L	S/L	3.000				5,000.
145-Hard Copy ID	12/31/2019	810.	100.			810.	540.	810.	S/L	S/L	3.000				270.
2020 Equipment	01/01/2020	370,145.	100.		370,145.				150 DB	HY			5		
2020 Software	01/01/2020	724,856.	100.		724,856.				S/L	S/L	3.000				
2020 F&F	01/01/2020	73,817.	100.		73,817.				150 DB	HY			7		
2020 LHI	01/2020	17,977.	100.			17,977.	903.	1,364.	S/L	MM			39		461.
2021 FF	01/01/2021	101,988.	100.		101,988.				150 DB	HY			7		
2021 EQ	01/01/2021	2,102.	100.		2,102.				150 DB	HY			5		
2021 SW	01/01/2021	1,252,688.	100.		1,252,688.				S/L	S/L	3.000				
2022 EQ	01/01/2022	13,467.	100.		13,467.				150 DB	HY			5		
2022 FF	01/01/2022	226,924.	100.		226,924.				150 DB	HY			7		
2022 SW	01/01/2022	1,427,842.	100.		1,427,842.				S/L	S/L	3.000				
Less: Retired Assets															
TOTALS															

*Assets Retired

2022 Depreciation

[illegible]

*Assets Retired

2022 Depreciation

Description of Property															
General Depreciation and Amortization - GRAND TOTAL PROPERTY DETAIL															
Asset description	Date placed in service	Unadjusted cost or basis	Bus. %	179 exp. reduc. in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Method	Convention	Life	ACRS class	MA CRS class	Current-yr 179 expense	Current-year depreciation
Other Than Listed Property															
Gross		16,134,563.			4,672,033.	11,462,530.	10,666,468.	11,267,595.							601,127.
Less: Retired Assets															
Current Year Special Depreciation Allowance															1,668,233.
Sub Total:		16,134,563.			4,672,033.	11,462,530.	10,666,468.	11,267,595.							2,269,360.
Total Current Year Special Depreciation Allowance															1,668,233.
Gross Amounts		16,134,563.			4,672,033.	11,462,530.	10,666,468.	11,267,595.							601,127.
Less: Retired Assets															
TOTALS		16,134,563.			4,672,033.	11,462,530.	10,666,468.	11,267,595.							2,269,360.

*Assets Retired

2022 Amortization

[illegible]

* Assets Retired

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Consolidated Schedules
1120 Page 1

	Combined	ELIMINATIONS	Adjustments	Global Benefits Group Inc and Subs
	-----	-----	-----	-----
1a Gross receipts or sales	73,302,265.			73,302,265.
1b Returns and allowances				
1c Balance	73,302,265.			73,302,265.
2 Cost of goods sold				
3 Gross profit	73,302,265.			73,302,265.
4 Dividends	357,200.			357,200.
5 Interest				
6 Gross rents				
7 Gross royalties				
8 Capital gain net				
9 income				
Net gain or (loss)				
from Form 4797				
10 Other income	14,532,338.			14,532,338.
	-----	-----	-----	-----
11 Total income	88,191,803.			88,191,803.
	-----	-----	-----	-----
12 Compensation of officers				
13 Salaries and wages	21,367,568.			21,367,568.
14 Repairs and maintenance				
15 Bad debts				
16 Rents	769,386.			769,386.
17 Taxes and licenses	1,430,547.			1,430,547.
18 Interest	180,082.			180,082.
19 Charitable contributions				
20 Depreciation	2,269,360.			2,269,360.
21 Depletion				
22 Advertising	1,593,974.			1,593,974.
23 Pension, profit-sharing etc., plans	1,848,177.			1,848,177.
24 Employee benefit programs	3,214,157.			3,214,157.
25 Reserved for future use				
26 Other deductions	56,760,629.			56,760,629.
	-----	-----	-----	-----
27 Total deductions	89,433,880.			89,433,880.
	-----	-----	-----	-----
28 Taxable income before NOL & Spec. Deductions	-1,242,077.	NONE		-1,242,077.
	=====	=====	=====	=====
29 NOL,Spec. deductions				
	-----	-----	-----	-----
30 Taxable income	-1,242,077.	NONE		-1,242,077.
JSA	=====	=====	=====	=====

Global Benefits Group Inc and Subs

Consolidated Schedules 1120 Page 1	Global Benefits Group Inc	GBG Administrative Services	GBG Assist, Inc.	International Claims Services, Inc.	GBG Holdings, Inc.	Global Benefits Group, US Inc.
	20-3842750	26-4068764	37-1797452	98-0076650	33-0950280	20-4570749
1a Gross receipts or sales	59,416,806.		13,885,459.			
1b Returns and allowances						
1c Balance	59,416,806.		13,885,459.			
2 Cost of goods sold						
3 Gross profit	59,416,806.		13,885,459.			
4 Dividends	357,200.					
5 Interest						
6 Gross rents						
7 Gross royalties						
8 Capital gain net						
9 Net gain or (loss) income from Form 4797						
10 Other income	12,755,436.	1,565,245.	126,151.	85,506.		
11 Total income	72,529,442.	1,565,245.	14,011,610.	85,506.		
12 Compensation of officers						
13 Salaries and wages	21,182,092.		185,476.			
14 Repairs and maintenance						
15 Bad debts						
16 Rents	769,386.					
17 Taxes and licenses	1,420,823.	1,250.	8,474.			
18 Interest			180,082.			
19 Charitable contributions						
20 Depreciation	2,269,360.					
21 Depletion						
22 Advertising	1,589,631.			4,343.		
23 Pension, profit-sharing etc., plans	1,848,177.					
24 Employee benefit programs	3,201,477.		12,680.			
25 Reserved for future use						
26 Other deductions	49,298,189.	116,745.	6,461,098.	884,597.		
27 Total deductions	81,579,135.	117,995.	6,847,810.	888,940.		
28 Taxable income before NOL & Spec. Deductions	-9,049,693.	1,447,250.	7,163,800.	-803,434.	NONE	NONE
29 NOL,Spec. deductions						
30 Taxable income	-9,049,693.	1,447,250.	7,163,800.	-803,434.	NONE	NONE
JSA						

1120 Page 1 Detail

Line 10 - Other Income

Global Benefits Group Inc

OTHER INCOME	12,755,436.
--------------	-------------

Subtotal	12,755,436.
----------	-------------

GBG Administrative Services

Commission and Fee Income	1,291,138.
---------------------------	------------

Miscellaneous Income	274,107.
----------------------	----------

Subtotal	1,565,245.
----------	------------

GBG Assist, Inc.

Miscellaneous Income	126,151.
----------------------	----------

Subtotal	126,151.
----------	----------

International Claims Services, Inc.

Miscellaneous Income	85,506.
----------------------	---------

Subtotal	85,506.
----------	---------

Total Line 10 - Other Income	14,532,338.
------------------------------	-------------

1120 Page 1 Detail

Line 17 - Taxes Summary

=====	
Taxes (excluding income taxes)	1,385,538.
Other state and local taxes	45,009.

Total Line 17 - Taxes	1,430,547.
=====	

Line 17 - Taxes (excluding income taxes)

=====

Global Benefits Group Inc

Payroll Taxes Expense	1,377,064.

Subtotal	1,377,064.

GBG Assist, Inc.

Payroll Taxes Expense	8,474.

Subtotal	8,474.

Total - Taxes (excluding income taxes)	1,385,538.
=====	

Line 17 - Other state and local taxes

=====

Global Benefits Group Inc

State and Local Taxes	43,759.

Subtotal	43,759.

GBG Administrative Services

Other state and local taxes	1,250.

Subtotal	1,250.

Total - Other state and local taxes	45,009.
=====	

1120 Page 1 Detail

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Line 19 - 5 Year contribution carryover

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Line 26 - Other Deductions

Global Benefits Group Inc

Amortization	53,224.
Travel Expense	965,199.
Insurance Expense	1,414,714.
Meals and Entertainment Expense	81,342.
Dues and Subscriptions	1,408,414.
Professional Fees Expense	1,922,419.
Licenses and Fees	567,553.
Bank Fees	257,449.
Occupancy Expense	1,001,966.
Postage / Printing	58,105.
Communications Summary	415,215.
Supplies	89,489.
Miscellaneous	614,883.
Direct Costs	34,479,541.
Equipment	1,537,141.
Other Deduction	4,431,535.

Subtotal	49,298,189.
----------	-------------

GBG Administrative Services

Insurance Expense	1,850.
Professional Fees Expense	105,424.
Licenses and Fees	8,740.
Bank Fees	525.
Foreign Exchange Gain/Loss	206.

Subtotal	116,745.
----------	----------

GBG Assist, Inc.

Professional Fees Expense	146,575.
Bank Fees	385.
Network Fees	6,313,534.
Foreign Exchange Gain/Loss	604.

Subtotal	6,461,098.
----------	------------

International Claims Services, Inc.

Other Deductions	321,389.
Bank Fees	202,265.

Continued on next page

Statement 6

1120 Page 1 Detail
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Line 26 - Other Deductions (Cont'd)		
=====		
Foreign Exchange Gain/Loss		360,943.
	-----	-----
Subtotal		884,597.
	-----	-----
Total Line 26 - Other Deductions		56,760,629.
		=====

	Combined	ELIMINATIONS	Adjustments	Global Benefits Group Inc and Subs
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Consolidated Schedules

Sch. C Summary

Dividends				
1	Domestic Corps-subj. to 50% ded			
2	Domestic Corps-subj.to 65% ded			
3	Debt-Financed stock - Dom & Fgn			
4	Pref Stk < 20% owned Pub Util			
5	Pref Stk > = 20% owned Pub Util			
6	<20% Fgn Corps & FSC's-50%			
7	>= 20% Fgn Corps & FSC's-65%			
8	Wholly-owned fgn subs-100%			
9	Total Lines 1-8			
10	Domestic corps-Small Bus Inv			
11	From affiliated group member			
12	From certain FSCs			
13	Foreign-source portion of dividends received from a specified 10%-owned foreign corporations			
14	Other dividends from Foreign corporations			
15	Section 965(a) inclusion			
16a	Subpart F inclusions derived from the sale by controlled foreign corporation (CFC) of the stock a lower-tier foreign corporation treated as a dividend			
16b	Subpart F inclusions derived from hybrid dividends of tiered corporations			
16c	Other inclusions from CFCs under subpart F			
17	Global IntangibleLow-Taxed Income	357,200.		357,200.
18	Gross-up for foreign taxes deemed paid			
19	IC-DISC and former DISC dividends not included above			
20	Other dividends			
23	TOTAL DIVIDENDS	357,200.		357,200.

	Combined	ELIMINATIONS	Adjustments	Global Benefits Group Inc and Subs
Special Deductions	-----	-----	-----	-----
1 Domestic Corp-subj. to 50% ded				
2 Domestic Corp-subj. to 65% ded				
3 Debt-Financed stock-Dom & Fgn				
4 Pref Stk < 20% owned Pub Util				
5 Pref Stk >= 20% owned Pub Util				
6 < 20% Fgn Corps & FSC's-50%				
7 >= 20% Fgn Corps & FSC's-65%				
8 Wholly-owned fgn subs-100%				
	-----	-----	-----	-----
9 Total Lines 1-8				
10 Domestic corps-Small Bus Inv				
11 From affiliated group member				
12 From certain FSCs				
13 Foreign-source portion of dividends received from a specified 10%- owned foreign corporation				
15 Section 965(a) inclusion				
16a Subpart F inclusions derived from the sale by CFC of the stock a lower-tier foreign corporation treated as a dividend				
21 Dividends paid on certain preferred stock of public utilities				
22 Section 250 deduction				
	-----	-----	-----	-----
24 TOTAL SPECIAL DEDUCTIONS	=====	=====	=====	=====

	Global Benefits Group Inc	GBG Administrative Services	GBG Assist, Inc.	International Claims Services, Inc.	GBG Holdings, Inc.	Global Benefits Group, US Inc.
Consolidated Schedules						
Sch. C Summary	20-3842750	26-4068764	37-1797452	98-0076650	33-0950280	20-4570749
Dividends	-----	-----	-----	-----	-----	-----
1 Domestic Corps-subj. to 50% ded						
2 Domestic Corps-subj.to 65% ded						
3 Debt-Financed stock - Dom & Fgn						
4 Pref Stk < 20% owned Pub Util						
5 Pref Stk > = 20% owned Pub Util						
6 <20% Fgn Corps & FSC's-50%						
7 >= 20% Fgn Corps & FSC's-65%						
8 Wholly-owned fgn subs-100%						
	-----	-----	-----	-----	-----	-----
9 Total Lines 1-8						
10 Domestic corps-Small Bus Inv						
11 From affiliated group member						
12 From certain FSCs						
13 Foreign-source portion of dividends received from a specified 10%-owned foreign corporations						
14 Other dividends from Foreign corporations						
15 Section 965(a) inclusion						
16a Subpart F inclusions derived from the sale by controlled foreign corporation (CFC) of the stock a lower-tier foreign corporation treated as a dividend						
16b Subpart F inclusions derived from hybrid dividends of tiered corporations						
16c Other inclusions from CFCs under subpart F						
17 Global IntangibleLow-Taxed Income	357,200.					
18 Gross-up for foreign taxes deemed paid						
19 IC-DISC and former DISC dividends not included above						
20 Other dividends						
	-----	-----	-----	-----	-----	-----
23 TOTAL DIVIDENDS	357,200.					
	=====	=====	=====	=====	=====	=====

Global Benefits
Group, US Inc.

20-4570749

- 1 Domestic Corp.-subj. to 50% ded
- 2 Domestic Corp.-subj. to 65% ded
- 3 Debt-Financed stock-Dom & Fgn
- 4 Pref Stk $< 20\%$ owned Pub Util
- 5 Pref Stk $\geq 20\%$ owned Pub Util
- 6 $< 20\%$ Fgn Corps & FSC's-50%
- 7 $\geq 20\%$ Fgn Corps & FSC's-65%
- 8 Wholly-owned fgn subs-100%

9	Total Lines 1-8
10	Domestic corps-Small Bus Inv
11	From affiliated group member
12	From certain FSCs
13	Foreign-source portion of dividends received from a specified 10%-owned foreign corporation
15	Section 965(a) inclusion
16a	Subpart F inclusions derived from the sale by CFC of the stock a lower-tier foreign corporation treated as a dividend
21	Dividends paid on certain preferred stock of public utilities
22	Section 250 deduction

24 TOTAL SPECIAL DEDUCTIONS

1	2	3	4	5	6
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120
121	122	123	124	125	126
127	128	129	130	131	132
133	134	135	136	137	138
139	140	141	142	143	144
145	146	147	148	149	150
151	152	153	154	155	156
157	158	159	160	161	162
163	164	165	166	167	168
169	170	171	172	173	174
175	176	177	178	179	180
181	182	183	184	185	186
187	188	189	190	191	192
193	194	195	196	197	198
199	200	201	202	203	204
205	206	207	208	209	210
211	212	213	214	215	216
217	218	219	220	221	222
223	224	225	226	227	228
229	230	231	232	233	234
235	236	237	238	239	240
241	242	243	244	245	246
247	248	249	250	251	252
253	254	255	256	257	258
259	260	261	262	263	264
265	266	267	268	269	270
271	272	273	274	275	276
277	278	279	280	281	282
283	284	285	286	287	288
289	290	291	292	293	294
295	296	297	298	299	300
301	302	303	304	305	306
307	308	309	310	311	312
313	314	315	316	317	318
319	320	321	322	323	324
325	326	327	328	329	330
331	332	333	334	335	336
337	338	339	340	341	342
343	344	345	346	347	348
349	350	351	352	353	354
355	356	357	358	359	360
361	362	363	364	365	366
367	368	369	370	371	372
373	374	375	376	377	378
379	380	381	382	383	384
385	386	387	388	389	390
391	392	393	394	395	396
397	398	399	400	401	402
403	404	405	406	407	40

Form 1120, Page 4 Detail

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Schedule K, Line 5a ----- Name of Corporation	EIN	Country of Incorporation	Percentage Owned in Voting Stock
-----	-----	-----	-----
Global Benefits Group Inc			

Shanghai (GBG) Enterprise MGMT Cons Inc	FOREIGNUS	CH	100.000
GBG Services (India) Private Ltd	FOREIGNUS	IN	74.000
GBG Processing Philippines Inc	FOREIGNUS	RP	95.000
Global Benefits Group Canada Ltd	FOREIGNUS	CA	100.000
GBG Premier S.A. de. C.V	FOREIGNUS	MX	100.000
Global Benefits Group (UK) Limited	FOREIGNUS	UK	100.000
GBG Elite Medical Services S.A. de C.V	FOREIGNUS	MX	100.000
Global Benefits Group (Thailand) Co	FOREIGNUS	TH	100.000
GBG Paraguay Sociedad Anomima	FOREIGNUS	PA	100.000
Quality Health Management LLC	65-1003375	US	100.000

Combined ELIMINATIONS Adjustments Global Benefits
Group Inc and Subs

Consolidated Schedules

Sch. L - Beginning

Assets		-----	-----	-----	-----
1	Cash	11,774,017.			11,774,017.
2 a	Trade Notes and A/R	44,936,882.			44,936,882.
b	Less allowance for Bad Debts				
3	Inventories	NONE			NONE
4	US Government Obligations				
5	Tax-exempt Securities				
6	Other Current Assets	25,402,951.			25,402,951.
7	Loans to Stockholders				
8	Mtge and Real Estate Loans				
9	Other Investments	1,309,685.			1,309,685.
10 a	Buildings and Other Depreciable				
	Assets	17,188,584.			17,188,584.
b	Less Accum. Depreciation	12,906,758.			12,906,758.
11 a	Depletable Assets				
b	Less Accum. Depletion				
12	Land (net of any Amortization)				
13 a	Intangible Assets	4,618,817.			4,618,817.
b	Less Accum. Amortization				
14	Other Assets	2,974,650.			2,974,650.
		-----	-----	-----	-----
15	Total Assets	95,298,828.			95,298,828.
		=====	=====	=====	=====
Liabilities and Stockholders' Equity					
16	Accounts Payable	18,719,149.			18,719,149.
17	Mtges, Notes, Bond Payable				
	in less than 1 year				
18	Other Current Liabilities	126,127,245.			126,127,245.
19	Loans from Stockholders				
20	Mtges, Notes, Bonds Payable				
	in 1 year or more				
21	Other Liabilities	81,238.			81,238.
22 a	Capital stock-Preferred				
b	Capital stock-Common	1,118.			1,118.
23	Additional Paid-in Capital	4,664,124.			4,664,124.
24	Retained earnings-Appropriated				
25	Retained earnings-Unappropriated	-54,694,046.			-54,694,046.
26	Adjustments to shareholders' equity				
27	Less cost of Treasury Stock	-400,000.			-400,000.
28	Total Liabilities and	-----	-----	-----	-----
	Stockholders' Equity	95,298,828.			95,298,828.
		=====	=====	=====	=====

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Global Benefits Group Inc and Subs		Global Benefits Group Inc	GBG Administrative Services	GBG Assist, Inc.	International Claims Services, Inc.	GBG Holdings, Inc.	Global Benefits Group, US Inc.
Consolidated Schedules							
Sch. L - Beginning		20-3842750	26-4068764	37-1797452	98-0076650	33-0950280	20-4570749
Assets		-----	-----	-----	-----	-----	-----
1	Cash	6,324,351.	3,493,553.	276,877.	311,322.	1,367,914.	
2 a	Trade Notes and A/R	7,553,699.	717.	14,434,862.	33,904.	22,913,700.	
b	Less allowance for Bad Debts						
3	Inventories				NONE		
4	US Government Obligations						
5	Tax-exempt Securities						
6	Other Current Assets	104,804,060.	2,102,683.	-3,682,415.	-123,756,335.	44,789,458.	1,145,500.
7	Loans to Stockholders						
8	Mtge and Real Estate Loans						
9	Other Investments	1,035,335.		274,350.			
10 a	Buildings and Other Depreciable Assets	17,011,218.		3,154.	77,312.	96,900.	
b	Less Accum. Depreciation	12,732,546.			77,312.	96,900.	
11 a	Depletable Assets						
b	Less Accum. Depletion						
12	Land (net of any Amortization)						
13 a	Intangible Assets	4,618,817.					
b	Less Accum. Amortization						
14	Other Assets	2,974,650.		NONE	NONE		
		-----	-----	-----	-----	-----	-----
15	Total Assets	131,589,584.	5,596,953.	11,306,828.	-123,411,109.	69,071,072.	1,145,500.
		=====	=====	=====	=====	=====	=====
Liabilities and Stockholders' Equity							
16	Accounts Payable	4,535,965.		-17,529.	14,153,890.	46,823.	
17	Mtges, Notes, Bond Payable in less than 1 year						
18	Other Current Liabilities	202,109,354.	5,004,143.	-2,764,484.	-134,560,079.	55,247,486.	1,090,825.
19	Loans from Stockholders						
20	Mtges, Notes, Bonds Payable in 1 year or more						
21	Other Liabilities	81,238.					
22 a	Capital stock-Preferred						
b	Capital stock-Common	16.			1,001.	1.	100.
23	Additional Paid-in Capital	4,554,984.	1,000.		108,140.		
24	Retained earnings-Appropriated						
25	Retained earnings-Unappropriated	-80,091,973.	591,810.	14,088,841.	-3,114,061.	13,776,762.	54,575.
26	Adjustments to shareholders' equity						
27	Less cost of Treasury Stock	-400,000.					
28	Total Liabilities and Stockholders' Equity	131,589,584.	5,596,953.	11,306,828.	-123,411,109.	69,071,072.	1,145,500.
		=====	=====	=====	=====	=====	=====

Combined ELIMINATIONS Adjustments Global Benefits
Group Inc and Subs

Consolidated Schedules

Sch. L - Ending

Assets		-----	-----	-----	-----
1	Cash	9,439,592.			9,439,592.
2 a	Trade Notes and A/R	18,246.			18,246.
b	Less allowance for Bad Debts				
3	Inventories	NONE			NONE
4	US Government Obligations				
5	Tax-exempt Securities				
6	Other Current Assets	59,030,406.			59,030,406.
7	Loans to Stockholders				
8	Mtge and Real Estate Loans				
9	Other Investments	1,129,603.			1,129,603.
10 a	Buildings and Other Depreciable				
	Assets	24,130,294.			24,130,294.
b	Less Accum. Depreciation	13,692,828.			13,692,828.
11 a	Depletable Assets				
b	Less Accum. Depletion				
12	Land (net of any Amortization)				
13 a	Intangible Assets	4,618,817.			4,618,817.
b	Less Accum. Amortization				
14	Other Assets	418,645.			418,645.
		-----	-----	-----	-----
15	Total Assets	85,092,775.			85,092,775.
		=====	=====	=====	=====
Liabilities and Stockholders' Equity					
16	Accounts Payable	1,352,858.			1,352,858.
17	Mtges, Notes, Bond Payable				
	in less than 1 year				
18	Other Current Liabilities	137,808,499.			137,808,499.
19	Loans from Stockholders				
20	Mtges, Notes, Bonds Payable				
	in 1 year or more				
21	Other Liabilities	NONE			NONE
22 a	Capital stock-Preferred				
b	Capital stock-Common	1,117.			1,117.
23	Additional Paid-in Capital	4,664,124.			4,664,124.
24	Retained earnings-Appropriated				
25	Retained earnings-Unappropriated	-59,133,823.			-59,133,823.
26	Adjustments to Shareholders' Equity				
27	Less cost of Treasury Stock	-400,000.			-400,000.
28	Total Liabilities and	-----	-----	-----	-----
	Stockholders' Equity	85,092,775.			85,092,775.
		=====	=====	=====	=====

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Global Benefits Group Inc and Subs		Global Benefits Group Inc	GBG Administrative Services	GBG Assist, Inc.	International Claims Services, Inc.	GBG Holdings, Inc.	Global Benefits Group, US Inc.
Consolidated Schedules							
Sch. L - Ending		20-3842750	26-4068764	37-1797452	98-0076650	33-0950280	20-4570749
Assets		-----	-----	-----	-----	-----	-----
1	Cash	6,399,385.	1,750,413.	139,467.	1,150,327.	NONE	
2 a	Trade Notes and A/R	NONE	717.	17,529.		NONE	
b	Less allowance for Bad Debts						
3	Inventories				NONE		
4	US Government Obligations						
5	Tax-exempt Securities						
6	Other Current Assets	32,934,837.	3,209,548.	21,316,821.	1,514,524.	NONE	54,676.
7	Loans to Stockholders						
8	Mtge and Real Estate Loans						
9	Other Investments	1,035,335.		94,268.			
10 a	Buildings and Other Depreciable Assets	24,052,981.		NONE	77,313.	NONE	
b	Less Accum. Depreciation	13,615,515.			77,313.	NONE	
11 a	Depletable Assets						
b	Less Accum. Depletion						
12	Land (net of any Amortization)						
13 a	Intangible Assets	4,618,817.					
b	Less Accum. Amortization						
14	Other Assets	418,645.		NONE			
		-----	-----	-----	-----	-----	-----
15	Total Assets	55,844,485.	4,960,678.	21,568,085.	2,664,851.	NONE	54,676.
		=====	=====	=====	=====	=====	=====
Liabilities and Stockholders' Equity							
16	Accounts Payable	1,344,025.		8,833.	NONE	NONE	
17	Mtges, Notes, Bond Payable in less than 1 year						
18	Other Current Liabilities	128,221,114.	2,807,569.	306,611.	6,473,205.	NONE	NONE
19	Loans from Stockholders						
20	Mtges, Notes, Bonds Payable in 1 year or more						
21	Other Liabilities	NONE					
22 a	Capital stock-Preferred						
b	Capital stock-Common	16.			1,001.	NONE	100.
23	Additional Paid-in Capital	4,554,984.	1,000.		108,140.		
24	Retained earnings-Appropriated						
25	Retained earnings-Unappropriated	-78,675,654.	2,152,109.	21,252,641.	-3,917,495.	NONE	54,576.
26	Adjustments to Shareholders' Equity						
27	Less cost of Treasury Stock	-400,000.					
28	Total Liabilities and Stockholders' Equity	-----	-----	-----	-----	-----	-----
		55,844,485.	4,960,678.	21,568,085.	2,664,851.	NONE	54,676.
		=====	=====	=====	=====	=====	=====

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Form 1120 Page 6 Detail, Sch. L

	Beginning	Ending
	-----	-----
Line 6 - Other Current Assets		
=====		
Global Benefits Group Inc		

Other Current Assets	NONE	NONE
Deposit	191,122.	87,617.
Intercompany Receivables	-299,092,088.	NONE
Prepaid Expenses	725,172.	760,653.
Prepaid Insurance	448,216.	NONE
Prepaid Rent	61,477.	NONE
Due From GBG	318,717,290.	5,044,578.
Due form GBG US	69,892.	NONE
Due from GBGH	72,392,267.	NONE
Due from GBE	-250,000.	NONE
Due from GIL	3,305,887.	NONE
Due from Saxton	2,144,470.	NONE
Deferred Acquisition Costs	17,956,980.	15,948,966.
Due from GSLIL	14,058.	NONE
Due From GBG UK	-6,477,798.	NONE
Advances & Loans	22,468.	NONE
Due From QHM	-2,000,000.	NONE
Due from GMBH	-31,036.	NONE
Undeposited Funds	-389,321.	NONE
Misc. Receivable	65,000.	NONE
Quality Health Management	-1,086,809.	NONE
Due from GWAC	-1,000.	NONE
Due from GBG CayCo	100.	NONE
In & Out	-1,982,287.	NONE
Other Receivables	NONE	11,093,023.
	-----	-----
Subtotal	104,804,060.	32,934,837.
	-----	-----
GBG Administrative Services		

Deposit	-18,577.	NONE
Undeposited Funds	-11,969.	NONE
Due From GBG	3,110,468.	216,008.
Due From ICS	987,069.	NONE
Due from GBG Assist	2,334,373.	NONE
Due from GBGH	-3,581,335.	NONE
Due from GIL	-481,029.	2,993,540.
Due from GBG US	-236,317.	NONE
	-----	-----
Subtotal	2,102,683.	3,209,548.
	-----	-----

Continued on next page

Statement 17

Form 1120 Page 6 Detail, Sch. L

	Beginning	Ending
	-----	-----
Line 6 - Other Current Assets (Cont'd)		
=====		
GBG Assist, Inc.		

Other Current Assets	NONE	20,097,844.
Deposit	20,304.	100,000.
Prepaid Expenses	NONE	6,498.
Due From GBG	652,221.	962,221.
Due from GBG Canada	246,856.	146,856.
Due from GBGI	NONE	3,402.
Due from GIL	-2,102,641.	NONE
Due from ICS	-71,577.	NONE
Due from GBGH	-115,915.	NONE
Due from GBG China	1,830.	NONE
Due from GBE	-46,720.	NONE
GBG Admin. Services	-2,334,373.	NONE
Due from SAXTON	3,402.	NONE
Advances & Loans	52,229.	NONE
Undeposited Funds	11,969.	NONE
	-----	-----
Subtotal	-3,682,415.	21,316,821.
	-----	-----
International Claims Services, Inc.		

Deposit	4,100,578.	520,885.
Due From GBG	-6,329,035.	NONE
Due from GBG Assist	71,577.	NONE
Due from GBGH	-22,356,513.	NONE
Due from GIL	-93,719,910.	993,639.
Due from GBG China	6,539,996.	NONE
Due from GBE	-11,013,762.	NONE
GBG Admin. Services	-983,503.	NONE
Due from GBG US	-70,000.	NONE
	-700.	
	4,937.	
	-----	-----
Subtotal	-123,756,335.	1,514,524.
	-----	-----
GBG Holdings, Inc.		

Deposit	1,736,041.	NONE
Intercompany Receivables	-553,827.	NONE
Prepaid Expenses	606,267.	NONE
Due From GBG	148,548,675.	
Due From ICS	22,356,513.	NONE

Continued on next page

Statement 18

Form 1120 Page 6 Detail, Sch. L

	Beginning	Ending
	-----	-----
Line 6 - Other Current Assets (Cont'd)		
=====		
Due from GBG Assist	115,915.	
Due from GBGH	-72,316,254.	
Due from GBG China	-11,556,628.	NONE
Due from GBE	34,928,582.	
Due From GBG Admin. Services	3,581,335.	
Due from GIL	-85,063,610.	NONE
Due from GBG US	-905,727.	NONE
Due from Saxton	13,775.	NONE
Due From Zambia	405,736.	NONE
Due Form Thailand	4,580.	NONE
Claims Receivable	863,720.	NONE
Misc. Receivable	-372.	NONE
Profit Share Receivable	2,119,158.	NONE
Deferred Acquisition Costs	-109,000.	NONE
Due from GSLIL	1,579.	NONE
Due From GBG UK	13,000.	NONE
	-----	-----
Subtotal	44,789,458.	NONE
	-----	-----
Global Benefits Group, US Inc.		

Due From GBG	3,456.	54,676.
Due from GBGH	905,727.	NONE
GBG Admin. Services	236,317.	NONE
	-----	-----
Subtotal	1,145,500.	54,676.
	-----	-----
Total Line 6 - Other Current Assets	25,402,951.	59,030,406.
	=====	=====

Line 14 - Other Assets

=====

Global Benefits Group Inc

Other Non-Current Assets	2,974,650.	NONE
Claims Receivable	NONE	3,170.
Income Tax Receivable	NONE	415,475.
	-----	-----
Subtotal	2,974,650.	418,645.
	-----	-----

Continued on next page

Statement 19

Form 1120 Page 6 Detail, Sch. L

=====

	Beginning	Ending
	-----	-----
Line 14 - Other Assets (Cont'd)		
=====		
GBG Assist, Inc.		

Other Assets	NONE	NONE
	-----	-----
Subtotal	NONE	NONE
	-----	-----
International Claims Services, Inc.		

Other Assets	NONE	
	-----	-----
Subtotal	NONE	
	-----	-----
Total Line 14 - Other Assets	2,974,650.	418,645.
	=====	=====

Form 1120 Page 6 Detail, Sch. L

	Beginning	Ending
	-----	-----
Line 18 - Other Current Liabilities		
=====		
Global Benefits Group Inc		

Other Current Liabilities	NONE	11,739,722.
Deferred Revenue - Current	-57,418.	NONE
Accrued Expenses	3,799,893.	4,850,658.
Accrued Vacation	495,222.	NONE
Accrued Payroll & WH	409,398.	79,539.
Unearned Income	-35,940,789.	NONE
Premium Payable	-8,910,602.	NONE
Commissions Payable	174,491,271.	4,997,479.
Foreign Income Taxes Payable	-35,677.	NONE
Income Taxes Payable - Deferred	416,431.	NONE
Income Taxes Payable - State	-22,633.	NONE
Credit Card Payable	33,960.	181,606.
Payroll Tax Payable	169,066.	NONE
Unearned Deferred Commissions	67,407,682.	29,343,455.
Income Taxes Payable - Federal	-146,450.	NONE
Lease Liability	NONE	5,613,593.
Intercompany Payables	NONE	71,415,062.
	-----	-----
Subtotal	202,109,354.	128,221,114.
	-----	-----
GBG Administrative Services		

Other Current Liabilities	NONE	1,984,440.
Accrued Expenses	20,400.	86,504.
Claim Deposits	1,805,540.	NONE
Unearned Income	NONE	736,625.
Premium Payable	3,257,311.	NONE
Commissions Payable	-79,108.	NONE
	-----	-----
Subtotal	5,004,143.	2,807,569.
	-----	-----
GBG Assist, Inc.		

Premium Payable	-2,725,928.	NONE
Accrued Expenses	NONE	300,000.
Accrued Payroll	-20,831.	6,611.
Claim Deposit	-17,725.	NONE
	-----	-----
Subtotal	-2,764,484.	306,611.
	-----	-----

Continued on next page

Statement 21

Form 1120 Page 6 Detail, Sch. L

	Beginning	Ending
	-----	-----
Line 18 - Other Current Liabilities (Cont'd)		
=====		
International Claims Services, Inc.		

Claim Deposits	149,971.	NONE
Unearned Income	4,939,514.	NONE
Premium Payable	-139,649,564.	NONE
Due to GBG	NONE	4,958,681.
Premium Suspense	NONE	1,514,524.
Subtotal	-134,560,079.	6,473,205.
	-----	-----
GBG Holdings, Inc.		

Accrued Expenses	216,656.	NONE
Accrued Payroll & WH	-133.	NONE
Unearned Income	31,113,622.	NONE
Premium Payable	116,846,903.	NONE
Commissions Payable	-109,808,328.	NONE
Premium Payable - GIL	16,878,766.	NONE
Subtotal	55,247,486.	NONE
	-----	-----
Global Benefits Group, US Inc.		

Premium Payable	1,090,825.	NONE
Subtotal	1,090,825.	NONE
	-----	-----
Total Line 18 - Other Current Liabilities	126,127,245.	137,808,499.
	=====	=====

Form 1120 Page 6 Detail, Sch. L
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	Beginning	Ending
	-----	-----
Line 21 - Other Liabilities		
=====		
Global Benefits Group Inc		

Deferred Rent Expense	81,238.	NONE
	-----	-----
Subtotal	81,238.	NONE
	-----	-----
Total Line 21 - Other Liabilities	81,238.	NONE
	=====	=====

Combined

ELIMINATIONS

Adjustments

Global Benefits
Group Inc and Subs

Consolidated Schedules
Sch. M1 and M-2 Summary

Schedule M-1

- 1 Net income per books
- 2 Federal Income Tax
- 3 Excess Capital Losses
- 4 Income Subject to Tax not on Books
- 5 Expenses Recorded on Books
not Deducted on Return
 - a Depreciation
 - b Charitable Contributions
 - c Travel and EntertainmentOther
- 6 Total Lines 1-5
- 7 Income Recorded on Books
not Included on Return
 - a Tax-exempt InterestOther
- 8 Deductions on Return not on Books
 - a Depreciation
 - b Charitable ContributionsOther
- 9 Total Lines 7 and 8
- 10 Income (Line 28, Page 1)

Schedule M-2

1	Balance at beginning of year	-54,694,046.			-54,694,046.
2	Net Income per Books	-4,507,548.			-4,507,548.
3	Other Increases	13,844,533.			13,844,533.
		-----	-----	-----	-----
4	Total Line 1-3	-45,357,061.			-45,357,061.
5	Distributions				
	a Cash				
	b Stock				
	c Property				
6	Other Decreases	13,776,762.			13,776,762.
		-----	-----	-----	-----
7	Total lines 5 and 6	13,776,762.			13,776,762.
		-----	-----	-----	-----
8	Balance at end of year	-59,133,823.			-59,133,823.

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Global Benefits Group Inc and Subs	Global Benefits Group Inc	GBG Administrative Services	GBG Assist, Inc.	International Claims Services, Inc.	GBG Holdings, Inc.	Global Benefits Group, US Inc.
Consolidated Schedules						
Sch. M1 and M-2 Summary	20-3842750	26-4068764	37-1797452	98-0076650	33-0950280	20-4570749

Schedule M-1

- Net income per books
- Federal Income Tax
- Excess Capital Losses
- Income Subject to Tax not on Books
- Expenses Recorded on Books
not Deducted on Return
 - Depreciation
 - Charitable Contributions
 - Travel and Entertainment
 - Other
- Total Lines 1-5
- Income Recorded on Books
not Included on Return
 - Tax-exempt Interest
 - Other
- Deductions on Return not on Books
 - Depreciation
 - Charitable Contributions
 - Other
- Total Lines 7 and 8
- Income (Line 28, Page 1)

Schedule M-2

1	Balance at beginning of year	-80,091,973.	591,810.	14,088,841.	-3,114,061.	13,776,762.	54,575.
2	Net Income per Books	-12,316,314.	1,448,400.	7,163,800.	-803,434.		
3	Other Increases	13,732,633.	111,899.				1.
		-----	-----	-----	-----	-----	-----
4	Total Line 1-3	-78,675,654.	2,152,109.	21,252,641.	-3,917,495.	13,776,762.	54,576.
5	Distributions						
	a Cash						
	b Stock						
	c Property						
6	Other Decreases					13,776,762.	
		-----	-----	-----	-----	-----	-----
7	Total lines 5 and 6					13,776,762.	
		-----	-----	-----	-----	-----	-----
8	Balance at end of year	-78,675,654.	2,152,109.	21,252,641.	-3,917,495.	NONE	54,576.
JSA		=====	=====	=====	=====	=====	=====
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1120 Page 6 Detail
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Sch. M-2, Line 3 - Other Increases
=====

Global Benefits Group Inc

Other Increases	13,732,633.
-----------------	-------------

Subtotal	13,732,633.
----------	-------------

GBG Administrative Services

Other Increases	111,899.
-----------------	----------

Subtotal	111,899.
----------	----------

Global Benefits Group, US Inc.

Other Increase	1.
----------------	----

Subtotal	1.
----------	----

Total Sch. M-2, Line 3 - Other Increases	13,844,533.
--	-------------

Sch. M-2, Line 6 - Other Decreases
=====

GBG Holdings, Inc.

Other Decreases	13,776,762.
-----------------	-------------

Subtotal	13,776,762.
----------	-------------

Total Sch. M-2, Line 6 - Other Decreases	13,776,762.
--	-------------

Schedule N

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Question 6 - Foreign Countries

Global Benefits Group Inc

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Schedule M-3, Part I Detail

Line 5a - Net income from nonincludible foreign entities

Name	EIN	Net Income	Total Assets	Total Liabilities	Net Amounts
Global Benefits Europe B.V.	FOREIGNUS				
GBG Elite Medical Services, S.A. DE C.V.	FOREIGNUS				
GBG Processing and Consulting Services	FOREIGNUS				
GBG Premier, S.A. DE C.V.	FOREIGNUS				
GBG Services (India) Private Limited	FOREIGNUS				
Global Benefits Group (Thailand) Co. LTD	FOREIGNUS				
Global Benefits Group Canada Ltd	FOREIGNUS				
Global Benefits Group GmbH	FOREIGNUS				
Global Security Life Insurance Limited	FOREIGNUS				
GBGI Limited	FOREIGNUS				
Shanghai (GBG) Enterprise Mgt Consulting	FOREIGNUS				
GBG Insurance Limited	FOREIGNUS				
GBG Insurance Zambia Limited	FOREIGNUS				
Total					

Line 6a - Net income from nonincludible U.S. entities

Name	EIN	Net Income	Total Assets	Total Liabilities	Net Amounts
Global Security Life Insurance LTD (DE)	47-2539804				
Total					

Combined

ELIMINATIONS

Consolidated Schedules

Schedule M-3, Part II

	Per Inc Stmt	Temporary	Permanent	Per Tax Return	Per Inc Stmt	Temporary	Permanent	Per Tax Return
1	Income (loss) from equity method foreign corp.							
2	Gross foreign dividends not previously taxed							
3	Subpart F, QEF, and similar income inclusions	2,009.	355,191.	357,200.				
4	Gross-up for foreign taxes deemed paid							
5	Gross foreign distrib. previously taxed							
6	Income (loss) from equity method U.S. corp.							
7	U.S. dividends not eliminated in tax consolidation							
8	Minority interest for includible corp.							
9	Income (loss) from U.S. partnerships							
10	Income (loss) from foreign partnerships							
11	Income (loss) from other pass-through entities							
12	Items relating to reportable transactions							
13	Interest income							
14	Total accrual to cash adjustment							
15	Hedging transactions							
16	Mark-to-market income (loss)							
17	Cost of goods sold							
18	Sales versus lease							
19	Section 481(a) adjustments							
20	Unearned/deferred revenue							
21	Income recognition from long-term contracts							
22	Original issue discount/imputed interest							
23a	Income statement gain/loss on sale, exchange, or abandonment	-361,753.	361,753.					
23b	Gross cap. gains from Sch. D, excluding amount from pass-through entities							
23c	Gross cap. losses from Sch. D, exc. pass-through ent., abandonment, worthless stock	-361,753.		-361,753.				
23d	Net gain/loss reported on Form 4797							
23e	Abandonment losses							
23f	Worthless stock losses							
23g	Other gain/loss on disposition of assets other than inventory							
24	Capital loss limitation and carryforward used							
25	Other income (loss) items with differences							
26	Total income (loss) items	-361,753.	2,009.	355,191.	-4,553.			
		=====	=====	=====	=====	=====	=====	=====
27	Total expense/deduction items	-9,009,229.	2,543,602.	364,669.	-6,100,958.			
		=====	=====	=====	=====	=====	=====	=====
28	Other items with no differences	4,863,434.			4,863,434.			
29a	1120 subgroup reconciliation totals	-4,507,548.	2,545,611.	719,860.	-1,242,077.			
29b	PC insurance subgroup reconciliation totals							
29c	Life insurance subgroup reconciliation totals							
		-----	-----	-----	-----	-----	-----	-----
30	Reconciliation totals	-4,507,548.	2,545,611.	719,860.	-1,242,077.			
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Consolidated Schedules

Schedule M-3, Part II

	Per Inc Stmt	Temporary	Permanent	Per Tax Return	Per Inc Stmt	Temporary	Permanent	Per Tax Return
1	Income (loss) from equity method foreign corp.							
2	Gross foreign dividends not previously taxed							
3	Subpart F, QEF, and similar income inclusions					2,009.	355,191.	357,200.
4	Gross-up for foreign taxes deemed paid							
5	Gross foreign distrib. previously taxed							
6	Income (loss) from equity method U.S. corp.							
7	U.S. dividends not eliminated in tax consolidation							
8	Minority interest for includible corp.							
9	Income (loss) from U.S. partnerships							
10	Income (loss) from foreign partnerships							
11	Income (loss) from other pass-through entities							
12	Items relating to reportable transactions							
13	Interest income							
14	Total accrual to cash adjustment							
15	Hedging transactions							
16	Mark-to-market income (loss)							
17	Cost of goods sold							
18	Sales versus lease							
19	Section 481(a) adjustments							
20	Unearned/deferred revenue							
21	Income recognition from long-term contracts							
22	Original issue discount/imputed interest							
23a	Income statement gain/loss on sale, exchange, or abandonment				-361,753.	361,753.		
23b	Gross cap. gains from Sch. D, excluding amount from pass-through entities							
23c	Gross cap. losses from Sch. D, exc. pass-through ent., abandonment, worthless stock					-361,753.		-361,753.
23d	Net gain/loss reported on Form 4797							
23e	Abandonment losses							
23f	Worthless stock losses							
23g	Other gain/loss on disposition of assets other than inventory							
24	Capital loss limitation and carryforward used							
25	Other income (loss) items with differences							
26	Total income (loss) items				-361,753.	2,009.	355,191.	-4,553.
27	Total expense/deduction items				-9,009,229.	2,543,602.	364,669.	-6,100,958.
28	Other items with no differences				4,863,434.			4,863,434.
29a	1120 subgroup reconciliation totals				-4,507,548.	2,545,611.	719,860.	-1,242,077.
29b	PC insurance subgroup reconciliation totals							
29c	Life insurance subgroup reconciliation totals							
30	Reconciliation totals				-4,507,548.	2,545,611.	719,860.	-1,242,077.
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Combined					ELIMINATIONS			
Consolidated Schedules	Per Inc Stmt	Temporary	Permanent	Per Tax Return	Per Inc Stmt	Temporary	Permanent	Per Tax Return
Schedule M-3, Part III	-----	-----	-----	-----	-----	-----	-----	-----
1 U.S. current income tax exp.	277,010.		-277,010.					
2 U.S. deferred income tax exp.								
3 State and local current income tax exp.	28,441.	16,568.		45,009.				
4 State and local deferred income tax exp.								
5 Foreign current income tax exp.								
6 Foreign deferred income tax exp.								
7 Foreign withholding taxes								
8 Interest expense	180,082.			180,082.				
9 Stock option expense								
10 Other equity-based compensation								
11 Meals and entertainment	169,226.		-87,659.	81,567.				
12 Fines and penalties								
13 Judgments, damages, awards, and similar costs								
14 Parachute payments								
15 Compensation with sect. 162(m) limitation								
16 Pension and profit-sharing	1,860,857.			1,860,857.				
17 Other post-retirement benefits								
18 Deferred compensation								
19 Charitable contribution - cash/tangibles								
20 Charitable contribution - intangible								
21 Charitable contribution limitation/carryforward								
22 Domestic production activities deduction								
23 Current year acquisition or reorg. investment banking fees								
24 Current year acquisition or reorg. legal and accounting fees								
25 Current year acquisition/reorg. other costs								
26 Amortization/impairment of goodwill								
27 Amortization of acquisition and reorg.								
28 Other amort. or impairment write-offs		53,224.		53,224.				
30 Depletion								
31 Depreciation	4,083,673.	-1,814,312.		2,269,361.				
32 Bad debt expense								
33 Corporate owned life insurance premiums								
34 Purchase versus lease								
35 Research and development costs								
36 Section 118 exclusion								
37 Section 162(r) - FDIC premiums paid by certain large financial institutions (see instructions)								
38 Other expense/ded. items with differ.	2,409,940.	-799,082.		1,610,858.				
	-----	-----	-----	-----	-----	-----	-----	-----
39 Total expense/deduction items	9,009,229.	-2,543,602.	-364,669.	6,100,958.				
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Statement

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Adjustments					Global Benefits Group Inc and Subs			
Consolidated Schedules	Per Inc Stmt	Temporary	Permanent	Per Tax Return	Per Inc Stmt	Temporary	Permanent	Per Tax Return
Schedule M-3, Part III	-----	-----	-----	-----	-----	-----	-----	-----
1 U.S. current income tax exp.					277,010.		-277,010.	
2 U.S. deferred income tax exp.								
3 State and local current income tax exp.					28,441.	16,568.		45,009.
4 State and local deferred income tax exp.								
5 Foreign current income tax exp.								
6 Foreign deferred income tax exp.								
7 Foreign withholding taxes								
8 Interest expense					180,082.			180,082.
9 Stock option expense								
10 Other equity-based compensation								
11 Meals and entertainment					169,226.		-87,659.	81,567.
12 Fines and penalties								
13 Judgments, damages, awards, and similar costs								
14 Parachute payments								
15 Compensation with sect. 162(m) limitation								
16 Pension and profit-sharing					1,860,857.			1,860,857.
17 Other post-retirement benefits								
18 Deferred compensation								
19 Charitable contribution - cash/tangibles								
20 Charitable contribution - intangible								
21 Charitable contribution limitation/carryforward								
22 Domestic production activities deduction								
23 Current year acquisition or reorg. investment banking fees								
24 Current year acquisition or reorg. legal and accounting fees								
25 Current year acquisition/reorg. other costs								
26 Amortization/impairment of goodwill								
27 Amortization of acquisition and reorg.								
28 Other amort. or impairment write-offs						53,224.		53,224.
30 Depletion								
31 Depreciation					4,083,673.	-1,814,312.		2,269,361.
32 Bad debt expense								
33 Corporate owned life insurance premiums								
34 Purchase versus lease								
35 Research and development costs								
36 Section 118 exclusion								
37 Section 162(r) - FDIC premiums paid by certain large financial institutions (see instructions)								
38 Other expense/ded. items with differ.					2,409,940.	-799,082.		1,610,858.
39 Total expense/deduction items	-----	-----	-----	-----	9,009,229.	-2,543,602.	-364,669.	6,100,958.
JSA 2C8044 1.000	=====	=====	=====	=====	=====	=====	=====	=====
0001WA X45R					20-3842750		Statement	32

Schedule M-3, Part III Detail

Line 38 - Other expense/deduction items with differences

Description	Expense Per Income Stmt	Temporary Difference	Permanent Difference	Deduction Per Tax Return
Global Benefits Group Inc				
Vacation Expense	1,167,721.	-326,249.		841,472.
Rent Expense	1,242,219.	-472,833.		769,386.
Subtotal	2,409,940.	-799,082.		1,610,858.
Total	2,409,940.	-799,082.		1,610,858.

Global Benefits Group Inc and Subs
Combined ELIMINATIONS Adjustments Global Benefits
Group Inc and
Subs

Consolidated Schedules - Form 4562

Consolidated 4562 Summary

Part I - Section 179 Expense

- 2 Sec 179 property placed in
Service in current year
- 6 Nonlisted property
- 7 Listed property
- 8 Total elected cost
- 9 Tentative deduction
- 10 Carryover from 2017
- 12 Sec 179 expense deduction
- 13 Carryover to 2019

Part II - Other Depreciation

- 14 Special depreciation allowance 1,668,233.
- 15 Property subject to 168(f)(1)
- 16 ACRS and other depreciation 581,204.

Part III - MACRS

- 17 MACRS deduction - prior years 19,923.
- 19 General Depreciation System
 - a. 3-year property
 - b. 5-year property
 - c. 7-year property
 - d. 10-year property
 - e. 15-year property
 - f. 20-year property
 - g. 25-year property
 - h. 27.5-year residential real
 - i. 39-year nonresidential real
- 20 Alternative Depreciation System
 - a. Class life
 - b. 12-year
 - c. 30-year
 - d. 40-year

Part IV - Summary

- 21 Listed Property
- 22 Total depreciation** 2,269,360.
- 42 Amortization - current year
- 43 Amortization - prior year 53,224.
- 44 Total Amortization** 53,224.

Global Benefits Group Inc and Subs	Global Benefits	GBG	GBG Assist, Inc	International	GBG Holdings,	Global Benefits
	Group Inc	Administrative		Claims Services	Inc.	Group, US Inc.
		Services		Inc.		

Consolidated Schedules - Form 4562

Consolidated 4562 Summary	20-3842750	26-4068764	37-1797452	98-0076650	33-0950280	20-4570749
----------------------------------	------------	------------	------------	------------	------------	------------

Part I - Section 179 Expense

- 2 Sec 179 property placed in Service in current year
- 6 Nonlisted property
- 7 Listed property
- 8 Total elected cost
- 9 Tentative deduction
- 10 Carryover from 2017
- 12 Sec 179 expense deduction
- 13 Carryover to 2019

Part II - Other Depreciation

- 14 Special depreciation allowance 1,668,233.
- 15 Property subject to 168(f)(1)
- 16 ACRS and other depreciation 581,204.

Part III - MACRS

- 17 MACRS deduction - prior years 19,923.
- 19 General Depreciation System
 - a. 3-year property
 - b. 5-year property
 - c. 7-year property
 - d. 10-year property
 - e. 15-year property
 - f. 20-year property
 - g. 25-year property
 - h. 27.5-year residential real
 - i. 39-year nonresidential real
- 20 Alternative Depreciation System
 - a. Class life
 - b. 12-year
 - c. 30-year
 - d. 40-year

Part IV - Summary

- 21 Listed Property
- 22 Total depreciation** 2,269,360.
- 42 Amortization - current year
- 43 Amortization - prior year 53,224.
- 44 Total Amortization** 53,224.

SHANGHAI(GBG) ENTERPRISE MANAGEMENT CONSULTING

Form 5471, Page 4 Detail

	Beginning		Ending	
	Func Currency	US Currency	Func Currency	US Currency
Sch F, Line 5 - Other current assets				

OTHER RECEIVABLES		48,801.		NONE
CLAIM OVERPAYMENT -TAIPING		371,703.		NONE
CLAIM OVERPAYMENT -PICC		56,290.		NONE
CLAIM OVERPAYMENT -AIC		44,653.		NONE
CLIAM OVERPAYMENT - GIL		15,568.		NONE
MEDILINK - TAIPING		697,851.		NONE
SECURITY DEPOSITS - RENT		-11,483.		NONE
BUMA		102,938.		NONE
PREPAID TO PROVIDER		271,419.		NONE
MEDLINK -PICC		-92,731.		NONE
MEDLINK - GIL		-1,876.		
MEDLINK - AIC		157,923.		NONE
XIANGYA HOSPITAL CENTRAL S UNIV		4,496.		NONE
SIGN HEALTH		29,735.		NONE
Claim Overpayment - SHL		190.		NONE
	-----	-----	-----	-----
Totals		1,695,477.		NONE
	=====	=====	=====	=====
Sch F, Line 7 - Investment in subsidiaries				

Investment in Subsidiaries		15,635.		NONE
	-----	-----	-----	-----
Totals		15,635.		NONE
	=====	=====	=====	=====
Sch F, Line 13 - Other assets				

GBG		163,312.		NONE
GBGH		11,556,628.		NONE
ICS		-6,539,996.		NONE
GBG Assist		-1,830.		
	-----	-----	-----	-----
Totals		5,178,114.		NONE
	=====	=====	=====	=====
Sch F, Line 16 - Other current liabilities				

TAX		82,903.		NONE
BROKER COMM PAYABLE 2012		46.		NONE

Continued on next page

Statement 36

SHANGHAI(GBG) ENTERPRISE MANAGEMENT CONSULTING

Form 5471, Page 4 Detail

	Beginning		Ending	
	Func Currency	US Currency	Func Currency	US Currency
Sch F, Line 16 - Other current liabilities (Cont'd)				
BROKER COMM PAYABLE 2013		9,339.		NONE
BROKER COMM PAYABLE 2014		244,433.		
BROKER COMM PAYABLE 2015		452,136.		NONE
BROKER COMM PAYABLE 2		-291.		NONE
RESERVES - OTHER		11,399.		NONE
UNDERWRITER RESERVES- OTHER		-1,689.		NONE
DUE TO UW GROSS - OTHER		-151,808.		NONE
DUE TO NON GIL FRONT - OTHER		-28,546,676.		NONE
DEPOSIT TO CLAIM- CHINA - OTHER		16,042,005.		
PAID CLAIMS - CNY- GIL		3,956.		NONE
REPRICING FEES		22,096.		NONE
PAID CLAIMS - CNY - TAIPING LTD		53,722.		NONE
PAID CLAIMS - CNY - TAIPING		32,453,700.		NONE
OVERSEAS CLAIM _NON-CNY		687,477.		NONE
CHINA ICS-USD USD		17,578.		NONE
CHINA ICS-CNY USD		207,210.		NONE
PAID CLAIMS - CNY- PICC		339,146.		NONE
PAID CLAIMS - CNY- AIC		1,803,029.		NONE
PAID CLAIMS - ICS		1,847,007.		NONE
ASO PICC		1,866,855.		NONE
ASO AISG		74,550.		NONE
UNAPPLIED PREMIUM - OTHER		-70,956.		NONE
UNAPPLIED TAI-PING		-17,676,080.		NONE
UNAPPLIED PREMIUM PICC		-496,969.		NONE
UNAPPLIED PREMIUM- All TRUST		-266,171.		NONE
UNAPPLIED OVERPAYMENTS		-1,656.		NONE
UNAPPLIED OVERPAYMENTS		94,607.		NONE
Paid Claims - CNY - SH Life		450,960.		NONE
Accrued expenses-other		-800,000.		NONE
Due to GIL		-210,935.		NONE
Paid claims CNY Taping		328,073.		NONE
Totals		8,868,996.		NONE

Form 5471, Page 3 Detail

	Func Currency	US Currency
Sch C, Line 17 - Other Deductions		
PENSION PLAN	1,483,284.	18,874.
TRAINING & DEVELOPMENT	5,187.	66.
MEALS FOR STAFF	147,040.	1,871.
EMPLOYEE RECOGNITION	1,973,521.	25,112.
PRINTING /POSTAGE	249,598.	3,176.
SOFTWARE EXPENSE	114,032.	1,451.
INSURANCE - OTHER	4,610,488.	58,666.
COMMUNICATION	894,026.	11,376.
WORKERS COMP INSURANCE	2,179,345.	27,731.
PROFESSIONAL FEES -OTHER	401,274.	5,106.
ACCOUNTING	767,026.	9,760.
UTILITIES	5,351,973.	68,101.
MAINTENANCE	120,398.	1,532.
BANK CHARGES	56,582.	720.
TRAVEL	1,466,265.	18,657.
MISCELLANEOUS	6,099,993.	77,619.
HOTEL	-4,087.	-52.
OFFICE COST	-178,082.	-2,266.
Total	25,737,863.	327,500.

Sch C, Line 21a - Income tax expense (benefit) - current

Federal	3,269,651.	41,605.
Total	3,269,651.	41,605.

GBG SERVICES (INDIA) PRIVATE LIMITED

Form 5471, Page 4 Detail

	Beginning		Ending	
	Func Currency	US Currency	Func Currency	US Currency
Sch F, Line 5 - Other current assets				
ADVANCE AND LOANS - OTHERS		23,731.		NONE
PREPAID INSURANCE AND TAXES		432,724.		477,579.
PREPAID EXPENSE INDIA		7,011.		NONE
SECURITY DEPOSITS -RENT		69,119.		NONE
OTHER ASSETS		NONE		121,449.
INTERCO - REC(PAY)-GBG INC		NONE		1,399,862.
Totals		532,585.		1,998,890.
Sch F, Line 13 - Other assets				
Due from GBG Company		1,113,734.		NONE
Totals		1,113,734.		NONE
Sch F, Line 16 - Other current liabilities				
ACCURED EXPENSE -OTHER		6,614.		3,271.
ACCURED EXPENSE		236,097.		225,397.
DEFERRED TAXES PAYABLE		-49,937.		-51,992.
FEDERAL		486,559.		497,809.
LEASE LIABILITY		NONE		1,075,494.
Totals		679,333.		1,749,979.
Sch F, Line 19 - Other liabilities				
OTHER LIABLILITIES		NONE		1.
Totals		NONE		1.

Form 5471, Page 3 Detail

	Func Currency	US Currency
Sch C, Line 17 - Other Deductions		
EMPLOYEE INSURANCE	7,605.	5,790.
BANK CHARGES	4,026.	3,065.
COMMUNICATION	53,222.	40,519.
INSURANCE	2,837.	2,160.
LEGAL	14,659.	11,160.
PROFESSIONAL FEES	2,187.	1,665.
AUTO EXPENSE	393.	299.
HOTEL	1,572.	1,197.
MEALS	658.	501.
TRANSPORTATION	2,975.	2,265.
MISCELLANEOUS	-4,144.	-3,155.
Total	85,990.	65,466.

GLOBAL BENEFITS GROUP CANADA LTD.

Form 5471, Page 4 Detail

	Beginning		Ending	
	Func Currency	US Currency	Func Currency	US Currency
Sch F, Line 13 - Other assets				
GBG		-6,558.		NONE
GBG Assist		-246,856.		NONE
GIL		-4,061.		NONE
Due from GBG Company		-185.		NONE
GBG INC		NONE		9,775.
CANADA		NONE		-146,855.
PREMIUM SUSPENSE		NONE		-98,130.
Totals		-257,660.		-235,210.

Sch F, Line 16 - Other current liabilities

BROKER COMM PAYABLE 2017		-17,701.		NONE
BROKER COMM PAYABLE 2018		-103,473.		NONE
BROKER COMM PAYABLE 2019		-65,031.		NONE
Broker Comm Payable 2020		-18,064.		NONE
Broker Comm payable 2021		-8,556.		NONE
UNDERWRITER RESERVES - OTHER		2,265.		NONE
DUE TO NON GIL FRONT - OTHER		-21,169.		NONE
PAID CLAIMS		-286,887.		NONE
UNAPPLIED PREMIUM OTHERS		1,136,030.		NONE
CREDIT CARDS		NONE		2,608.
Totals		617,414.		2,608.

Form 5471, Page 3 Detail

	Func Currency	US Currency
Sch C, Line 9 - Other Income		

ATMSAFE - PHILIPPINE -OTHER	28,411,747.	532,084.
	-----	-----
Total	28,411,747.	532,084.
	=====	=====

Sch C, Line 17 - Other Deductions

CONSULTING	391,155.	7,325.
EMPLOYEE INSURANCE	1,617,664.	30,295.
TRAINING & DEVELOPMENT	48,031.	900.
FRINGE	1,461,630.	27,373.
EMPLOYEE RECOGNITION	107,215.	2,008.
POSTAGE/PRINTING	12,398.	232.
COMMUNICATION	701,395.	13,135.
MARKETING EXPENSE	211,156.	3,954.
DUES & SUBSCRIPTIONS	39,163.	733.
SUPPLIES	116,005.	2,172.
INSURANCE - OTHER	42,739.	800.
LEGAL	606,725.	11,363.
ACCOUNTING	113,724.	2,130.
PROFESSIONAL FEES - OTHER	582,056.	10,901.
UTILITIES	437,000.	8,184.
OCCUPANCY EXPENSE	84,387.	1,580.
LICENSE & FEES	390,228.	7,308.
EQUIPMENT	39,115.	733.
BANK CHARGES	39,294.	736.
AUTO EXPENSES	68,678.	1,286.
MEALS	47,840.	896.
TRANSPORTATION	106,150.	1,988.
MISCELLANEOUS	-4,014,122.	-75,175.
	-----	-----
Total	3,249,626.	60,857.
	=====	=====

Sch C, Line 21a - Income tax expense (benefit) - current

Foreign Income Tax Expense	220,586.	4,131.
	-----	-----
Total	220,586.	4,131.
	=====	=====

GLOBAL BENEFITS GROUP PROCESSING PHILIPPINES IN

Form 5471, Page 4 Detail

	Beginning		Ending	
	Func Currency	US Currency	Func Currency	US Currency
Sch F, Line 5 - Other current assets				
Advances and Loans - Other		4,158.		NONE
Employee advance		17,769.		NONE
Deposits - other		17,999.		NONE
Prepaid expense - other		18,135.		19,528.
Other Assets - Other		NONE		-17,999.
GBG Inc		NONE		-95,037.
GIL		NONE		158,600.
Totals		58,061.		65,092.
Sch F, Line 13 - Other assets				
GBG		-18,524.		NONE
GBGH		-4,937.		NONE
Totals		-23,461.		NONE
Sch F, Line 19 - Other liabilities				
Paid Claims		-162,575.		NONE
Income Taxes Payable - Other		1,312.		2,623.
Accrued Expenses		25,959.		10,601.
Accrued Payroll		1,027.		-72,511.
Foreign Income Tax Payable		3,339.		-1,377.
Totals		-130,938.		-60,664.
Sch F, Line 21 - Paid-in or cap surplus				
Paid-in Capital		200,000.		200,000.
Totals		200,000.		200,000.

Form 5471, Page 3 Detail

	Func Currency	US Currency
Sch C, Line 9 - Other Income		

105% RECHARGE	3,416,106.	4,355,500.
	-----	-----
Total	3,416,106.	4,355,500.
	=====	=====
Sch C, Line 16 - Taxes		

Payroll Tax Expenses	328,656.	419,033.
	-----	-----
Total	328,656.	419,033.
	=====	=====
Sch C, Line 17 - Other Deductions		

Employee Insurance	78,795.	100,463.
Pension Plan	175,018.	223,146.
Training&Development	1,859.	2,370.
Employee Recognition	1,889.	2,408.
Postage/Printing	510.	650.
Communication	11,995.	15,294.
Marketing Expense	73,913.	94,238.
Promotions	1,117.	1,424.
Dues & Subscriptions	16,192.	20,645.
OfficeSupplies	4,815.	6,139.
Software Expense	-6,299.	-8,031.
Insurance - Other	21,153.	26,970.
Workers comp Insurance	3,016.	3,845.
Legal	3,473.	4,428.
Accounting	17,105.	21,809.
Professional Fees- Other	24,759.	31,567.
Recruiting	13,476.	17,182.
Utilities	16,550.	21,101.
Occupancy	3,602.	4,593.
License	11,774.	15,012.
Equipment	13,370.	17,047.
Bank Charges	5,262.	6,709.
Auto Expense	867.	1,105.
Entertainment	335.	427.
Hotel	26,556.	33,859.
Meals	25,027.	31,909.
Transportation	77,791.	99,183.
Travel	20,047.	25,560.

Continued on next page

Statement 44

Form 5471, Page 3 Detail
=====

	Func Currency	US Currency
Sch C, Line 17 - Other Deductions (Cont'd)		
Miscellaneous	6,257.	7,978.
Total	650,224.	829,030.
	=====	=====

GLOBAL BENEFITS GROUP (UK) LIMITED

Form 5471, Page 4 Detail

	Beginning		Ending	
	Func Currency	US Currency	Func Currency	US Currency
Sch F, Line 5 - Other current assets				
Employee Advance		98,383.		NONE
Prepaid Expense		NONE		40,577.
GBE		NONE		-282,986.
GBG Inc		NONE		-139,102.
GBG UK TP to GBG Inc.		NONE		288,200.
Totals		98,383.		-93,311.
Sch F, Line 13 - Other assets				
GBG		-4,748,552.		NONE
GBGH		-13,000.		NONE
GBE		-149,985.		NONE
GIL		-1,377,394.		NONE
Due from GBG - Admin Fee		6,477,798.		NONE
Totals		188,867.		NONE
Sch F, Line 16 - Other current liabilities				
Accrued Expenses		328,981.		72,811.
Accrued Payroll		139,102.		NONE
Deferred Taxes Payable		-28,072.		NONE
TAXES		108,244.		164,084.
Credit Card		NONE		41,358.
Lease Liability		NONE		863,943.
Totals		548,255.		1,142,196.

Form 5471, Page 3 Detail

	Func Currency	US Currency
	-----	-----
Sch C, Line 16 - Taxes		

Payroll Tax Expense	654,868.	32,793.
	-----	-----
Total	654,868.	32,793.
	=====	=====

Sch C, Line 17 - Other Deductions

Consulting	10,295,712.	515,562.
Fringe	180,106.	9,019.
Bank Charges	37,078.	1,857.
Meals for Staff	402.	20.
Miscellaneous	105,330.	5,274.
	-----	-----
Total	10,618,628.	531,732.
	=====	=====

Sch C, Line 21a - Income tax expense (benefit) - current

Mexico	3,573,767.	178,958.
	-----	-----
Total	3,573,767.	178,958.
	=====	=====

GBG ELITE MEDICAL SERVICES, S.A. DE C.V. (MEXICO)

Form 5471, Page 4 Detail

=====				
	Beginning		Ending	
	Func	Currency	US	Currency
	-----	-----	-----	-----
Sch F, Line 13 - Other assets	-----			
GBG		7,221,295.		NONE
GBG Premier		268,239.		273,740.
Due From GBG/Gil Other		-25,248.		NONE
GIL		-2,000.		-3,207,786.
	-----	-----	-----	-----
Totals		7,462,286.		-2,934,046.
	=====	=====	=====	=====
Sch F, Line 16 - Other current liabilities	-----			
Paid Claims		9,914,589.		NONE
Foreign Income Tax Payable		NONE		-299,864.
Unearned Income		NONE		1,008,947.
	-----	-----	-----	-----
Totals		9,914,589.		709,083.
	=====	=====	=====	=====

Form 5471, Page 3 Detail

	Func Currency	US Currency
Sch C, Line 17 - Other Deductions		
Bank Charges	249,596.	12,499.
Miscellaneous	-489.	-24.
Total	249,107.	12,475.

GBG PREMIER, S.A.DE.C.V (MEXICO)

Form 5471, Page 4 Detail

	Beginning		Ending	
	Func	US	Func	US
	Currency	Currency	Currency	Currency

Sch F, Line 13 - Other assets				

GBG		-347,433.		-351,087.
GBG Elite		-268,239.		-273,695.
GIL		-3,600.		2.
Totals		-619,272.		-624,780.
	=====	=====	=====	=====
Sch F, Line 16 - Other current liabilities				

Broker Comm Payable 2019		-125,534.		NONE
Unearned Income		NONE		91,723.
Totals		-125,534.		91,723.
	=====	=====	=====	=====

Form 5472, Page 1 Detail

=====

The following US affiliated group members are electing to file a consolidated Form 5472 - "Information return of a 25% foreign-owned US corporation or a foreign corporation engaged in a US trade or business."

Related Party GBG Insurance Limited
ID Number: FOREIGNUS

GLOBAL BENEFITS GROUP, INC.
FEIN: 20-3842750
27422 Portola Pkwy #110
Foothill Ranch, CA 92610

International Claims Services, Inc.
98-0076650
27422 PORTOLA PARKWAY - SUITE 110, Foothill Ranch, CA 92610

GBG HOLDINGS, INC.
33-0950280
27422 PORTOLA PARKWAY - SUITE 110, Foothill Ranch, CA 92610

Form 5472 - Information Return of a Foreign Owned Corporation
=====

Part IV - Other Amounts Paid	

Administration Expenses	5,141,433.

Total	5,141,433.
	=====

Part IV - Exchange Rate Schedule	

USD	1.0000000

Form 5472, Page 1 Detail

=====

The following US affiliated group members are electing to file a consolidated Form 5472 - "Information return of a 25% foreign-owned US corporation or a foreign corporation engaged in a US trade or business."

Related Party Global Benefits Europe B.V.
ID Number: FOREIGNUS

GLOBAL BEEFITS GROUP, INC
FEIN: 20-3842750
27422 Portola Pkwy #110
Foothill Ranch, CA 92610

International Claims Services, Inc.
98-0076650
27051 Towne Centre Drive, #210, Foothill Ranch, CA 92610

GBG HOLDINGS, INC.
33-0950280
27051 Towne Centre Drive, #210, Foothill Ranch, CA 92610

GBG Assist, Inc.
37-1797452
27051 Towne Centre Drive, #210, Foothill Ranch, CA 92610

Form 5472 - Information Return of a Foreign Owned Corporation

=====

Part IV - Exchange Rate Schedule

USD

1.0000000

Form 5472, Page 1 Detail

=====

The following US affiliated group members are electing to file a consolidated Form 5472 - "Information return of a 25% foreign-owned US corporation or a foreign corporation engaged in a US trade or business."

Related Party GBGI Limited
ID Number: FOREIGNUS

Global Benefits Group Inc
FEIN: 20-3842750
27051 Towne Centre Drive, #210
FOOTHILL RANCH, CA 92610

GBG Assist, Inc.
37-1797452
27051 Towne Centre Drive, #210, Foothill Ranch, CA 92610

Global Benefits Group Inc
20--384275
27051 Towne Centre Drive, #210, FOOTHILL RANCH,, CA 92610

Form 5472 - Information Return of a Foreign Owned Corporation
=====

Part IV - Other Amounts Paid

Administration Expenses	856,906.

Total	856,906.
	=====

Part IV - Exchange Rate Schedule

USD	1.0000000
-----	-----------

Form 8992 - Schedule B Calculation of GILTI for Members of a
=====

U.S Consolidated Group Who Are U.S. Shareholders of a CFC

Part I - Reference ID Number

SHANGHAI(GBG) ENTERPRISE MANAGEMENT CONSULTIN

3007707

GBG SERVICES (INDIA) PRIVATE LIMITED

541990

GLOBAL BENEFITS GROUP CANADA LTD.

00005

GLOBAL BENEFITS GROUP PROCESSING PHILIPPINES

881804

GLOBAL BENEFITS GROUP (UK) LIMITED

00001

GBG ELITE MEDICAL SERVICES, S.A. DE C.V. (MEX

00002

GBG PREMIER, S.A.DE.C.V (MEXICO)

00003

GBG PARAGUAY SOCIEDAD ANONIMA

00006

Form 8916-A, Part III Detail
=====

Line 4 - Other Interest Expense

Description	Per Income Stmt	Temporary Difference	Permanent Difference	Per Tax Return

GBG Assist, Inc.				

Interest Expense	180,082.			180,082.
	-----	-----	-----	-----
Subtotal	180,082.			180,082.
	-----	-----	-----	-----
Total	180,082.			180,082.
	=====	=====	=====	=====

**Section 1.263(a)-3(n) Election to
Capitalize Repair and Maintenance Costs**

Taxpayer: Global Benefits Group, Inc. & Subsidiaries

Address:

27051 Towne Centre Drive, #210
Foothill Ranch, CA 92610

Tax Identification Number: 20-3842750

Year: 2022

Subsidiaries:

Global Benefits Group, Inc.
GBG Administrative Services, Inc.
GBG Assist, Inc.
International Claims Services, Inc.
GBG Insurance Services, Inc.
GBG Holdings, Inc.
Global Benefits Group, U.S. Inc.

FEIN

20-3842750
26-4068764
37-1797452
98-0076650
27-0167612
33-0950280
20-4570749

Global Benefits Group, Inc. & Subsidiaries are making the election to capitalize repair and maintenance costs under Treas. Reg. §1.263(a)-3(n) of the Final Repair Regulations (T.D. 9636) for the taxable year that began 01/01/2022 and ended 12/31/2022.

Global Benefits Group, Inc. is making this election for itself, and for each of its subsidiaries listed above.

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Taxpayer: Global Benefits Group, Inc. & Subsidiaries

Address:

27051 Towne Centre Drive, #210
Foothill Ranch, CA 92610

Tax Identification Number: 20-3842750

Year: 2022

Subsidiaries:

Global Benefits Group, Inc.
GBG Administrative Services, Inc.
GBG Assist, Inc.
International Claims Services, Inc.
GBG Insurance Services, Inc.
GBG Holdings, Inc.
Global Benefits Group, U.S. Inc.

FEIN

20-3842750
26-4068764
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20-4570749

Global Benefits Group, Inc. & Subsidiaries are making the de minimis safe harbor election under Treas. Reg. §1.263(a)-1(f) of the Final Repair Regulations (T.D. 9636) for the taxable year that began 01/01/2022 and ended 12/31/2022.

Global Benefits Group, Inc. is making this election for itself, and for each of its subsidiaries listed above.